

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Right to Life Victory Fund

ADDRESS (number and street)

512 10th Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00509893

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

DC

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Cockfield, Wayne, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Right to Life Victory Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		149295.83
(b) Cash on Hand at Beginning of Reporting Period.....	157673.52	
(c) Total Receipts (from Line 19)	209382.88	980685.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	367056.40	1129980.83
7. Total Disbursements (from Line 31)	303228.49	1066152.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63827.91	63827.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	202537.12	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

National Right to Life Victory Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y
11		28		2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	74616.38	176950.82
(ii) Unitemized	42266.50	461234.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	116882.88	638185.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	92500.00	342500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	209382.88	980685.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	209382.88	980685.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	209382.88	980685.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	76762.65	560835.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76762.65	560835.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	226465.84	492277.18
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	40.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	40.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	13000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	303228.49	1066152.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	303228.49	1066152.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	209382.88	980685.00
34. Total Contribution Refunds (from Line 28(d))	0.00	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	209382.88	980645.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76762.65	560835.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76762.65	560835.74

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @G 'CF' +H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Memo#1: The Committee is aware of the regulations regarding the disclosure of the name, address, employer and occupation of every contributor who contributes more than \$200 aggregate in a calendar year. The Committee fully discloses all contributor names and other information as they are indicated by the contributor. Every solicitation includes a clear and conspicuous request for the contributor information and informs the contributor of the requirements of federal law to report this information. If the information is not received with the contribution, the contributor is contacted per FEC guidelines by mail, telephone or email to obtain the missing information. All requests clearly ask for the missing information without soliciting further contributions, inform the contributor of the requirements of federal law for reporting this information, and, if the request is by mail, include a pre-addressed return envelope.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brodi, James, , ,

Mailing Address 8815 Headley Dr

City

Sterling Heights

State

MI

Zip Code

48314-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2016

Transaction ID : AA5E2425BFD424E4D942

Amount of Each Receipt this Period

243.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pruys, Monica, , ,

Mailing Address 4900 S Oxbow Ave #305

City

Sioux Falls

State

SD

Zip Code

57106-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2016

Transaction ID : A8D43687A89CA427DA39

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dreikorn, Roger, , ,

Mailing Address 1109 Willshire Dr

City

Muskegon

State

MI

Zip Code

49445-2088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016

Transaction ID : A7E6116BAAF1742CAA95

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

643.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henderson, Harriet Magee, , ,

Mailing Address PO Box 645

City
ChallisState
IDZip Code
83226-0645FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016

Transaction ID : A7007FC0460AE461197E

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Favareau, John, , ,

Mailing Address 292 Sommerville Pl

City
YonkersState
NYZip Code
10703-2225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016

Transaction ID : AEF8193A54B0345619F2

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Minot Right to Life

Mailing Address PO Box 1783

City
MinotState
NDZip Code
58702-1783FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016

Transaction ID : AEAACFF02C255479D99C

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schlueter, Karl, , ,

Mailing Address 9200 Wyndham Hills Ct

City
FranklinState
WIZip Code
53132-8220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2016

Transaction ID : AB0B158B50B09421C9E0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Szostak, Michael, , ,

Mailing Address 922 Robins Rd

City
LansingState
MIZip Code
48917-2090FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2016

Transaction ID : A7842C501DC8E4BB3842

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Uihlein, Richard, , ,

Mailing Address 1396 N Waukegan Road

City
Lake ForestState
ILZip Code
60045-1147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UlineOccupation (for Individual)
CEO/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2016

Transaction ID : ACFE895B5131A4C34A1C

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

25750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 230

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Catholic Vote.Org Candidate Fund

Mailing Address PO Box 2709

City
Chicago

State
IL

Zip Code
60690-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2016

Transaction ID : A3CEC0A45F4DC4792BAF

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Back, Norman, , ,

Mailing Address 2812 Siena Rd

City
Livermore

State
CA

Zip Code
94550-4734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lawrence Livermore National Laboratory

Occupation (for Individual)
Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2016

Transaction ID : AB997BDF68BAC4F7AB0D

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bryant, Roderick, , ,

Mailing Address PO Box 943

City
Oakdale

State
LA

Zip Code
71463-0943

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2016

Transaction ID : A414612EF927542D58D2

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 230

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stark, William, , ,

Mailing Address 15850 Grand River Trl

City
PortlandState
MIZip Code
48875-9321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	31	2016

Transaction ID : A4984490DE95D4BDD983

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dolan, Michael, , ,

Mailing Address 311 Musial Circle

City
BolingbrookState
ILZip Code
60440-1885FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
2nd RequestOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.30

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	31	2016

Transaction ID : A88948850A2F04902B32

Amount of Each Receipt this Period

25.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perona, M Lena, , ,

Mailing Address 5205 Grand Ave

City
Western SpringsState
ILZip Code
60558-1827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employedOccupation (for Individual)
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	31	2016

Transaction ID : A5147A6B6762349AFBA3

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

375.33

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duffy, William, , ,

Mailing Address 20637 Leonard Rd

City
SaratogaState
CAZip Code
95070-4201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016

Transaction ID : AFD633957BD2A4E1DBF6

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pulju, John, , ,

Mailing Address 1541 Longfellow Ct

City
Mc LeanState
VAZip Code
22101-4424FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US GovernmentOccupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016

Transaction ID : A7CBE5CD0BB77473889F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hyslop, Daniel, , ,

Mailing Address 1921 Lake Ave

City
WhitingState
INZip Code
46394-1521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
British PetroleumOccupation (for Individual)
Natural Gas Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016

Transaction ID : A5624846C300440DCAFE

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hand, Tim, , ,

Mailing Address 131 Circle Drive

City
Wichita

State
KS

Zip Code
67218-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 04 / 2016

Transaction ID : A7C157954ED294D22B0F

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Person, Carri, , ,

Mailing Address 5731 Richards Circle

City
Shawnee

State
KS

Zip Code
66216-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 04 / 2016

Transaction ID : ABDAC68EFD95D40CB8EC

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thomas, Terry, , ,

Mailing Address 1814 2nd Ave E

City
Williston

State
ND

Zip Code
58801-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 07 / 2016

Transaction ID : AF65BCF217CA54C568D7

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maguire, Andrew, , ,

Mailing Address 4348 Irene Dr

City
Saint ClairState
MIZip Code
48079-3591FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chrysler CorporationOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2016

Transaction ID : AE43A45670E144806B91

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Green, Joyce, , ,

Mailing Address 705 Blume Dr

City
GalvestonState
TXZip Code
77554-9115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2016

Transaction ID : A823825383589430781F

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ritchie, Carol, , ,

Mailing Address 8801 Thorntree Dr

City
Grosse IleState
MIZip Code
48138-1540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2016

Transaction ID : AFF5443E1EE894B41AEC

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spoor, Thomas, , ,

Mailing Address 195 Country Club Dr

City

Grosse Pointe Farms

State

MI

Zip Code

48236-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2016

Transaction ID : AA38FB681BEC84E7F88B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Durant, W, , ,

Mailing Address 430 Chalfonte Ave

City

Grosse Pointe Farms

State

MI

Zip Code

48236-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Lincoln Advisory Group, LLC

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A39EEFDACDC8A4065902

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hale, John, , ,

Mailing Address 18283 Clairmont Cir E

City

Northville

State

MI

Zip Code

48168-8533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A1B872F83C98349BBA08

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pelliccione, John, , ,

Mailing Address 1217 Briarcliff Rd

City
GreensboroState
NCZip Code
27408-7501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke EnergyOccupation (for Individual)
Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2016

Transaction ID : A1A7A8F08C6984D51B58

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brownell, Stephen, , ,

Mailing Address 306 Provencal Rd

City
Grosse Pointe FarmsState
MIZip Code
48236-2959FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2016

Transaction ID : ACE9166FA115D498EB69

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moore, J, , ,

Mailing Address 336 Hamilton Rd

City
Bloomfield HillsState
MIZip Code
48301-2544FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2016

Transaction ID : AAE414FD9D5FD4E2CA2F

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mercier, Peter, , ,

Mailing Address 114 Grosse Pointe Blvd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3768

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2016

Transaction ID : AFC55028472F44B24AC1

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thorrez, Kathleen, , ,

Mailing Address 2080 S Shore Dr

City

Clarklake

State

MI

Zip Code

49234-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A37F69AFAC43B4E93A6A

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cracchiolo, Jane, , ,

Mailing Address 383 Lake Shore Dr

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A490295FEAB724ECEA28

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Long, Mark, , ,

Mailing Address 7524 Crary St

City
La Mesa

State
CA

Zip Code
91942-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A7F4D385F4C68413AB77

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Czarnecki, Walter, , ,

Mailing Address 1886 Heron Ridge Dr

City
Bloomfield Hills

State
MI

Zip Code
48302-0726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A327ED38F547E4BB3820

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Loomis, Hope, , ,

Mailing Address 606 Stone Creek Ranch Rd

City
Mc Gregor

State
TX

Zip Code
76657-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2016

Transaction ID : ABF1FAD18BA34479CBA9

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mazur, Richard, , ,

Mailing Address 30755 Barrington St Ste 150

City

Madison Heights

State

MI

Zip Code

48071-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2016

Transaction ID : A517084185FC4484880E

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mansfield, Carol, , ,

Mailing Address 364 Chalfonte Ave

City

Grosse Pointe Farms

State

MI

Zip Code

48236-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2016

Transaction ID : AEEE3C8F2BE144B17A4E

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marsh, Curtis, , ,

Mailing Address 21 Elm Ct

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2016

Transaction ID : AE9F8A57FA08A48B4909

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lupo, Sandra, , ,

Mailing Address 937 Lake Shore Rd

City
Grosse Pointe Shores

State
MI

Zip Code
48236-1177

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A11AAC0D5ABA54387A2E

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ryder, James, , ,

Mailing Address 2873 Greenlawn Ave

City
Commerce Township

State
MI

Zip Code
48382-3543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A6AF512ACFF9044299F8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lovasco, Eugene, , ,

Mailing Address 47 Depetris Way

City
Grosse Pointe Farms

State
MI

Zip Code
48236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2016

Transaction ID : A6505DC4F5B144CB2925

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nicholson, John, , ,

Mailing Address 161 Vendome Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2016

Transaction ID : AD85DD8E0A5964CC4A4A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mita, Eustace, , ,

Mailing Address C/O Mita Management

City

Chester

State

PA

Zip Code

19013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2016

Transaction ID : AFC9C0333CFD74492912

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dale, Elizabeth, , ,

Mailing Address 4 Belleview Blvd

City

Belleair

State

FL

Zip Code

33756-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2016

Transaction ID : A1F71EEDAB5B148B7B67

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bolinski, James, , ,

Mailing Address 802 Ritter St #7

City
PinckneyvilleState
ILZip Code
62274-1573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2016

Transaction ID : A836A887004DF47B9AEB

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Durant, W, , ,

Mailing Address 430 Chalfonte Ave

City
Grosse Pointe FarmsState
MIZip Code
48236-2916FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Lincoln Advisory Group, LLCOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2016

Transaction ID : A2A1DA9F1F7EA4C949BA

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McCullough, Kimberline, , ,

Mailing Address 437 E Redwood St

City
HanfordState
CAZip Code
93230-6827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Glad Tidingd ChurchOccupation (for Individual)
Minister

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2016

Transaction ID : A5CC7A38C98234698A49

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1075.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 230
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Engelhardt, Mary, , ,

Mailing Address 6843 Rapid Run Rd

City
Cincinnati

State
OH

Zip Code
45233-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 18 / 2016

Transaction ID : AC84DC4FF392D40938BC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McGough, Henry, , ,

Mailing Address PO Box 100

City
Sewell

State
NJ

Zip Code
08080-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McGough Bus Co Inc

Occupation (for Individual)
School bus contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 21 / 2016

Transaction ID : A0F23AE0C66CF4D9DB96

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Holley, Amy, , ,

Mailing Address 10710 Mustang Ridge

City
Converse

State
TX

Zip Code
78109-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired Disabled Navy Veteran

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 21 / 2016

Transaction ID : A980421B5DBA04C319EA

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 230

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ihrie, Robert, , ,

Mailing Address 961 N Oxford Rd

City

Grosse Pointe Woods

State

MI

Zip Code

48236-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 28 / 2016

Transaction ID : A37F1D45FF449477E948

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gough, Reid, , ,

Mailing Address 32580 Romsey Rd

City

Franklin

State

MI

Zip Code

48025-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 28 / 2016

Transaction ID : A67B325092B5E4FDE95A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reaume, Shirley, , ,

Mailing Address 285 Woodberry Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 28 / 2016

Transaction ID : AB69434985DA24B4EBE5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 230

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Durant, W, , ,

Mailing Address 430 Chalfonte Ave

City

Grosse Pointe Farms

State

MI

Zip Code

48236-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Lincoln Advisory Group, LLC

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : A754682643AE7416CAEB

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. National Right to Life Committee

Mailing Address 512 10th St NrthWst

City

Washington

State

DC

Zip Code

20044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

64955.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : A3363F990E85E40758F3

Amount of Each Receipt this Period

11598.05

☐ Memo Item

In-kind: In-Kind-Salary/Benefits

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12098.05

74616.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 230

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEARTLAND RESURGENCE

Mailing Address 300 M STREET SE
SUITE 402

City
Washington

State
DC

Zip Code
20003-3403

FEC ID number of contributing
federal political committee.

C

C00544551

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

Transaction ID : A91CC61B14DD9435FBEE

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Contribution for Independent Expenditure for Roy Blunt

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIGHT TO LIFE OF MICHIGAN VICTORY FUND

Mailing Address 2340 PORTER ST SW PO BOX 901

City

GRAND RAPIDS

State

MI

Zip Code

49319

FEC ID number of contributing
federal political committee.

C

C00574178

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : AECD7ECD0EA2C45F6A37

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEARTLAND RESURGENCE

Mailing Address 300 M STREET SE
SUITE 402

City

Washington

State

DC

Zip Code

20003-3403

FEC ID number of contributing
federal political committee.

C

C00544551

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : AF11F0DC08D44470A8E4

Amount of Each Receipt this Period

10714.00

☐ Memo Item

In-kind: IE Payment-See SchE-Majority S

SUBTOTAL of Receipts This Page (optional)..... ►

43214.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 230

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEARTLAND RESURGENCE

Mailing Address 300 M STREET SE
SUITE 402

City
Washington

State
DC

Zip Code
20003-3403

FEC ID number of contributing
federal political committee.

C C00544551

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

11 / **04** / **2016**

Transaction ID : AC0074596FAF84556AAC

Amount of Each Receipt this Period

10714.00

☐ Memo Item

In-kind:IE Payment-See SchE-Majority S

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEARTLAND RESURGENCE

Mailing Address 300 M STREET SE
SUITE 402

City
Washington

State
DC

Zip Code
20003-3403

FEC ID number of contributing
federal political committee.

C C00544551

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

11 / **04** / **2016**

Transaction ID : AE6FEB9256D6548A9917

Amount of Each Receipt this Period

28572.00

☐ Memo Item

In-kind:IE Payment-See Schedule E- Maj

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEARTLAND RESURGENCE

Mailing Address 300 M STREET SE
SUITE 402

City
Washington

State
DC

Zip Code
20003-3403

FEC ID number of contributing
federal political committee.

C C00544551

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

90000.00

Date of Receipt

11 / **08** / **2016**

Transaction ID : A4E89E1E24E904C3983A

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Contribution for Independent Expenditure for Roy Blunt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49286.00

92500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 230

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name (Last, First, Middle Initial)

A. National Right to Life Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

Mailing Address 512 10th St NrthWst

City
WashingtonState
DCZip Code
20044Purpose of Disbursement
In-kind:In-Kind-Salary/Benefits

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Other

FEC Identification Number

C**Transaction ID : B3363F990E**

Amount of Each Disbursement this Period

11598.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND RESURGENCE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

Mailing Address 300 M STREET SE
SUITE 402City
WashingtonState
DCZip Code
20003-3403Purpose of Disbursement
In-kind:IE Payment-See SchE-Majority S

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Other

FEC Identification Number

C**Transaction ID : BF11F0DC08I**

Amount of Each Disbursement this Period

10714.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HEARTLAND RESURGENCE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

Mailing Address 300 M STREET SE
SUITE 402City
WashingtonState
DCZip Code
20003-3403Purpose of Disbursement
In-kind:IE Payment-See SchE-Majority S

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Other

FEC Identification Number

C**Transaction ID : BC0074596F**

Amount of Each Disbursement this Period

10714.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

33026.05

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 230

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name (Last, First, Middle Initial)

A. HEARTLAND RESURGENCEMailing Address 300 M STREET SE
SUITE 402City
WashingtonState
DCZip Code
20003-3403Purpose of Disbursement
In-kind: IE Payment-See Schedule E- Maj

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	4			2	0	1	6		

FEC Identification Number

C**Transaction ID : BE6FEB9256**

Amount of Each Disbursement this Period

28572.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ragan, Jacki, , ,

Mailing Address 512 10th St NW

City
WashingtonState
DCZip Code
20004-1401Purpose of Disbursement
Reimbursement-See Memo

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	1	6		

FEC Identification Number

C**Transaction ID : BF73549229F**

Amount of Each Disbursement this Period

392.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ragan, Jacki, , ,

Mailing Address 512 10th St NW

City
WashingtonState
DCZip Code
20004-1401Purpose of Disbursement
Reimbursement-See Memo

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	1	6		

FEC Identification Number

C**Transaction ID : BCD150FB1C**

Amount of Each Disbursement this Period

155.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29119.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 230

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name (Last, First, Middle Initial)

A. MDS Communications Corporation

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2016					

FEC Identification Number

C**Transaction ID : B8ED0A6E4C**

Amount of Each Disbursement this Period

5565.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MDS Communications Corporation

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2016					

FEC Identification Number

C**Transaction ID : BB8BCC645C**

Amount of Each Disbursement this Period

5001.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Post Master

Mailing Address 1200 Pennsylvania Ave NW

City
WashingtonState
DCZip Code
20004-2403Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			10			2016					

FEC Identification Number

C**Transaction ID : BD7A8654BF**

Amount of Each Disbursement this Period

300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10867.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 230

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

Full Name (Last, First, Middle Initial)

A. Focal Point

Mailing Address PO Box 2244

City
North CantonState
OHZip Code
44720-0244Purpose of Disbursement
Fundraising Consulting

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	6		2	0	1	6		

FEC Identification Number

C**Transaction ID : B05E206F83E**

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3750.00

76762.65

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Fundraising Phone Calls (Est.)

Mailing Address 7300 Hudson Blvd N

City

Saint Paul

State

MN

Zip Code

55128-7141

Outstanding Balance Beginning This Period

1135.05

Transaction ID : DD1AAB82EF6B54BF98AB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1135.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP Direct

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 13755 Sunrise Valley Dr

City

Herndon

State

VA

Zip Code

20171-4664

Outstanding Balance Beginning This Period

14238.91

Transaction ID : DF65CF028AAFF45B38DE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14238.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Fundraising Phone Calls (EST.)

Mailing Address 7300 Hudson Blvd N

City

Saint Paul

State

MN

Zip Code

55128-7141

Outstanding Balance Beginning This Period

2162.00

Transaction ID : D57DD56A6FE59420CA77

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2162.00

1) SUBTOTALS This Period This Page (optional)..... ►

17535.96

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 7300 Hudson Blvd N

City

Saint Paul

State

MN

Zip Code

55128-7141

Outstanding Balance Beginning This Period

1024.60

Transaction ID : DE84AEBB36D12476C95C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1024.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 7300 Hudson Blvd N

City

Saint Paul

State

MN

Zip Code

55128-7141

Outstanding Balance Beginning This Period

658.00

Transaction ID : DCFAF8CE6EC184DA8A74

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

658.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 325 Springside Dr

City

Akron

State

OH

Zip Code

44333-2434

Outstanding Balance Beginning This Period

2145.55

Transaction ID : D35A8F81C0F624BC7A3A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2145.55

1) **SUBTOTALS** This Period This Page (optional)..... ►

3828.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

428.40

Transaction ID : D9BE25F78EE33433385B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

428.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 7300 Hudson Blvd N

City
Saint PaulState
MNZip Code
55128-7141

Outstanding Balance Beginning This Period

554.60

Transaction ID : DF74C813B077446ABABD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

554.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

1189.40

Transaction ID : DFDDF264AEFEC4B07BA7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1189.40

1) **SUBTOTALS** This Period This Page (optional)..... ►

2172.40

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

490.85

Transaction ID : DB78E559D41394A3C9A2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

490.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

1604.36

Transaction ID : D3E50DE45A78E4B23B45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1604.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

557.08

Transaction ID : D144DF9F3E76345A3825

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

557.08

1) SUBTOTALS This Period This Page (optional)..... ►

2652.29

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 36 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

1479.34

Transaction ID : DDACEFD36F0914BB7A36

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1479.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls (EST)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

215.80

Transaction ID : DB359F526D6C14FEEA48

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

215.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

78.00

Transaction ID : D684C6B480FBC43AAA2D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78.00

1) SUBTOTALS This Period This Page (optional)..... ►

1773.14

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 37 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

487.06

Transaction ID : DD06C0A560C204B39AA4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

487.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

546.77

Transaction ID : D69585CBEE21E4921928

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

546.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2706.00

Transaction ID : D75B81B1EC91A4559955

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2706.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3739.83

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 38 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

3956.70

Transaction ID : D96B1689FF8A440E498F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3956.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2719.20

Transaction ID : D97C6CF35FF2145D2B9B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2719.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2963.60

Transaction ID : D94E23EDB18814963AAC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2963.60

1) **SUBTOTALS** This Period This Page (optional)..... ►

9639.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 39 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

388.00

Transaction ID : D0F71671E513245DAAF9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

388.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2088.90

Transaction ID : D810B6F2BE2C24B1AA1D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2088.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

925.38

Transaction ID : DF437D1B12B28421CB97

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.38

1) **SUBTOTALS** This Period This Page (optional)..... ►

3402.28

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

3206.20

Transaction ID : DF8C50C1AB21444F3A71

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3206.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

4846.85

Transaction ID : D04263CA1B5E643048E7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4846.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

2596.21

Transaction ID : DE964A3BADA294D97BA9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2596.21

1) **SUBTOTALS** This Period This Page (optional)..... ►

10649.26

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 41 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

1663.56

Transaction ID : DD67924369E0A4125A25

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1663.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

4606.60

Transaction ID : DDC72B3130441494D990

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4606.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

895.32

Transaction ID : D95DEECA52817405F87D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

895.32

1) SUBTOTALS This Period This Page (optional)..... ►

7165.48

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

5333.90

Transaction ID : DCFA920BB9D2A466EBDF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5333.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

1352.19

Transaction ID : DB6608C95BE1F4E068D2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1352.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2817.90

Transaction ID : DDD7C4A2666114669A00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2817.90

1) **SUBTOTALS** This Period This Page (optional)..... ►

9503.99

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

6030.40

Transaction ID : D9641FA496EBB4C6B921

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6030.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

2074.36

Transaction ID : D8554AD9B77DB46E4B7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2074.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2049.30

Transaction ID : D48591AA11E6F4FB9ADE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2049.30

1) **SUBTOTALS** This Period This Page (optional)..... ►

10154.06

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2570.50

Transaction ID : DBC3013DEA1E341B583D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2570.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2255.40

Transaction ID : D2F30CF5967F847CCA27

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2255.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

7336.63

Transaction ID : D9A6EAC4C8C85414D9D4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7336.63

1) **SUBTOTALS** This Period This Page (optional)..... ►

12162.53

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 45 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

712.80

Transaction ID : D03ACE2B7A7704D90A23

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

712.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

544.50

Transaction ID : DC5B380E06CBC4B58826

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

544.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

0.34

Transaction ID : DF0E8FF5985EF4963847

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.34

1) **SUBTOTALS** This Period This Page (optional)..... ►

1257.64

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

4608.80

Transaction ID : D8366DA0CD9244C5C84A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4608.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

584.10

Transaction ID : D0AAB6FC4ECFA40C5B49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

584.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

5246.30

Transaction ID : DD3304477FE4D42F1904

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5246.30

1) **SUBTOTALS** This Period This Page (optional)..... ►

10439.20

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 47 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

5015.90

Transaction ID : D2EE4855BF362491BAF6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5015.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 7591 9th St N

City
Saint PaulState
MNZip Code
55128-6626

Outstanding Balance Beginning This Period

0.20

Transaction ID : DD878ECCC5D3F4CCF88C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2493.90

Transaction ID : D103C07B924C240C0960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2493.90

1) **SUBTOTALS** This Period This Page (optional)..... ►

7510.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 48 OF 230

FOR LINE NUMBER:
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2448.30

Transaction ID : D81FDBF0935294895974

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2448.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2440.00

Transaction ID : D90256654C591498DA0E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2440.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

7665.30

Transaction ID : DF4DFD16DD03C4247AE0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7665.30

1) **SUBTOTALS** This Period This Page (optional)..... ►

12553.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 49 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

1576.00

Transaction ID : D3BA6A8EDFDEB42DE93E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1576.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(Est.)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

5333.00

Transaction ID : D135EDBF482FD4C2F9A5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5333.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(Est.)

Mailing Address 7591 9th St N

City
Saint PaulState
MNZip Code
55128-6626

Outstanding Balance Beginning This Period

1.00

Transaction ID : D5AEFEF32F48746C5822

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6910.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 50 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(Est.)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2298.00

Transaction ID : DCCA63A2A24E04450BFC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2298.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

4959.00

Transaction ID : D6A795B27778B467FAFE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4959.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

3254.00

Transaction ID : DB197BCEFCDE440C8F0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3254.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

10511.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2637.50

Transaction ID : D3E2914C33ACE4D5DB82

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2637.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 7591 9th St N

City
Saint PaulState
MNZip Code
55128-6626

Outstanding Balance Beginning This Period

657.00

Transaction ID : DEBBA9AEE0CC94CA2AB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

657.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2029.00

Transaction ID : D95BBE1E00BF545A2920

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2029.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5323.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

947.25

Transaction ID : D0A6753B538AD4FCDB78

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

947.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City

Akron

State

OH

Zip Code

44333-2434

Outstanding Balance Beginning This Period

1875.00

Transaction ID : D7E6D54854F1A426DA01

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1875.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

963.00

Transaction ID : D04A2467B21784DADB7B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

963.00

1) SUBTOTALS This Period This Page (optional)..... ►

3785.25

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

5654.60

Transaction ID : D0F33E0861454452E8BD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5654.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

1125.54

Transaction ID : D2A8B4DF8F4984BBEB46

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1125.54

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 545 W Juanita Ave

City
MesaState
AZZip Code
85210-6033

Outstanding Balance Beginning This Period

1272.02

Transaction ID : DDE348291ADDA401F821

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1272.02

1) **SUBTOTALS** This Period This Page (optional)..... ►

8052.16

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Printing Brochures Opposing Obama

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

13313.74

Transaction ID : D9C3B69EDBABD45DF983

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13313.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(est)

Mailing Address 7591 9th St N

City
Saint PaulState
MNZip Code
55128-6626

Outstanding Balance Beginning This Period

1000.00

Transaction ID : DB9ABC3559B90485CBF5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

GOTV Calls Opposing Obama (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

287.23

Transaction ID : D6524CD874597426C9F6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

287.23

1) **SUBTOTALS** This Period This Page (optional)..... ►

14600.97

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

3000.00

Transaction ID : D81A06B1C459D42B4AD7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

GOTV Calls Opposing Obama (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

1581.76

Transaction ID : DBB2F96476FAB427EA52

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1581.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

13622.65

Transaction ID : D49360E4ACCE7438CB73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13622.65

1) **SUBTOTALS** This Period This Page (optional)..... ►

18204.41

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

GOTV Calls Opposing Obama (est)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

1672.67

Transaction ID : DB987D8850BC8454AB34

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1672.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InfoCision

Nature of Debt (Purpose):

Fundraising Phone Calls Opposing Obama
(Est.)

Mailing Address 325 Springside Dr

City
AkronState
OHZip Code
44333-2434

Outstanding Balance Beginning This Period

2093.09

Transaction ID : D9A24EE2C638A4EEE964

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2093.09

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls for Marshall Sanford
(est.)

Mailing Address 7591 9th St N

City
Saint PaulState
MNZip Code
55128-6626

Outstanding Balance Beginning This Period

1264.50

Transaction ID : DF8F8436265D145CAADA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1264.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

5030.26

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls for Marshall Sanford
(Est.)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

1480.50

Transaction ID : DD7D1A08C752540749CF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1480.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising phone calls for Marshall Sanford
(est.)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

542.25

Transaction ID : DE64B6A8DA75148E0A97

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

542.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls for Marshall Sanford
(Est.)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

396.00

Transaction ID : D17FE80EFA27D4D6DBF3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

396.00

1) SUBTOTALS This Period This Page (optional)..... ►

2418.75

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 58 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls for Marshall Sanford (Est.)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

279.00

Transaction ID : DCE0D9B6D5DFE4B16900

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

279.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls for Marshall Sanford (Est.)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

542.25

Transaction ID : D151ACCD825834629A68

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

542.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls for Jason Smith (Est.)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

234.00

Transaction ID : DFD8D6283DC4444699B7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

234.00

1) SUBTOTALS This Period This Page (optional)..... ►

1055.25

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 59 OF 230

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Victory Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Fundraising

Nature of Debt (Purpose):

Fundraising Phone Calls for Jason Smith (Est.)

Mailing Address 7591 9th St N

City

Saint Paul

State

MN

Zip Code

55128-6626

Outstanding Balance Beginning This Period

506.25

Transaction ID : D106BAE5AE700418EBFC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

506.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDS Communications Corporation

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address 545 W Juanita Ave

City

Mesa

State

AZ

Zip Code

85210-6033

Outstanding Balance Beginning This Period

0.01

Transaction ID : D8CC64B36BB9C467D965

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

506.26

2) TOTALS This Period (last page this line number only)..... ►

202537.12

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

202537.12

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Tarkanian				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Tarkanian, Danny, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Heck				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Heck, Joe, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px; text-align: right;"> 7904.77 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 795.59 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Guinta				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Guinta, Frank, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NH							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 795.59 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				2016							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6441.49 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Clinton				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Clinton, Hillary, Rodham, ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 46945.58 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				2016							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7237.08 </div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7237.08 </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7237.08 </div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7237.08 </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7237.08 </div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7237.08 </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>											
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1791.89</div>							
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : EA43C54C262B44C3E8EF Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>							
Purpose of Expenditure IE-Printing-Clinton			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>								
Name of Federal Candidate: Clinton, Hillary, Rodham, ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">46945.58</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1791.88</div>							
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : E4D14BA5375FE4995AFD Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>							
Purpose of Expenditure IE-Printing-Ayotte			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>								
Name of Federal Candidate: Ayotte, Kelly, A, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1791.88</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">3583.77</div></td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">3583.77</div>	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	(a) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">3583.77</div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>										
(a) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u> [Electronically Filed]				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 20 / 2016</div>							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
City Indianapolis	State IN	Zip Code 46202-2214	Amount 9879.14		
Purpose of Expenditure IE-Printing-Young		Category/ Type 	Transaction ID : E3801A71C556D437986E Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Young, Todd, Christopher, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 9879.14			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
City Indianapolis	State IN	Zip Code 46202-2214	Amount 7804.84		
Purpose of Expenditure IE-Printing-Clinton		Category/ Type 	Transaction ID : E336D233B60664CEBA53 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 78924.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			17683.98		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 														
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 511.55 </div>										
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : E65CCBCD2D20247EBA57 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
Purpose of Expenditure IE-Printing-Toomey			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>											
Name of Federal Candidate: Toomey, Patrick, Joseph, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 511.55 </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016										
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14295.17 </div>										
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : E355927C6370D4274A30 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
Purpose of Expenditure IE-Printing-Blunt			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>											
Name of Federal Candidate: Blunt, Roy, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14295.17 </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016										
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">14806.72</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	14806.72	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	14806.72												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>										

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 25 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 24174.30 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Clinton				Category/Type 	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,				<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: </div> </div>	
Calendar Year-To-Date Per Election for Office Sought 78924.72				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 25 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 746.05 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Hollingsworth				Category/Type 	
Name of Federal Candidate: Hollingsworth, Trey, , ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN </div> </div>	
Calendar Year-To-Date Per Election for Office Sought 746.05				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: right; font-weight: bold;">24920.35</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.12</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Giles				Category/Type 	
Name of Federal Candidate: Giles, David, Victor, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 11.12				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">97.79</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Paul				Category/Type 	
Name of Federal Candidate: Paul, Rand, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 97.79				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">108.91</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24.42 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED2023616570B48899E8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Pompeo		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Pompeo, Michael, Richard, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: KS	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24.42 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.42 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E17DABE6107BF4C9D9C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Olson		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Olson, Peter, G, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 22 State: TX	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.42 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35.84 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35.84 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016		
City Indianapolis		State IN	Zip Code 46202-2214		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.13</div>
Purpose of Expenditure IE-Printing-Harper			Category/ Type 		Transaction ID : EAC9B99C159B245BBB6E Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate: Harper, Gregg, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">15.13</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016		
City Indianapolis		State IN	Zip Code 46202-2214		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">56.49</div>
Purpose of Expenditure IE-Printing-Shelby			Category/ Type 		Transaction ID : ED76412358DF64CB1A4A Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate: Shelby, Richard, Craig, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">56.49</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">71.62</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>			Date MM / DD / YYYY 12 / 20 / 2016		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2016</div> </div>		
Mailing Address 929 West 16th Street						Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.55</div>		
City Indianapolis		State IN		Zip Code 46202-2214		Transaction ID : E54A7064C356344AA8CB		
Purpose of Expenditure IE-Printing-Poe				Category/ Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Poe, Ted, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">12.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2016</div> </div>		
Mailing Address 929 West 16th Street						Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.35</div>		
City Indianapolis		State IN		Zip Code 46202-2214		Transaction ID : E4DCD335F2CC04C8688E		
Purpose of Expenditure IE-Printing-Wilson				Category/ Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Wilson, Joe, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">11.35</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">23.90</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

 Cockfield, Wayne, , ,

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Date / /
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 400px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>					
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
City Indianapolis		State IN	Zip Code 46202-2214		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.19 </div>
Purpose of Expenditure IE-Printing-Fleischmann			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: Fleischmann, Charles, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate: Williams, Roger, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
City Indianapolis		State IN	Zip Code 46202-2214		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.71 </div>
Purpose of Expenditure IE-Printing-Williams			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: Williams, Roger, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21.90 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21.90 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">10 26 2016</div> </div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">9.87</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Kustoff				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
Name of Federal Candidate: Kustoff, David, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">9.87</div> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">10 26 2016</div> </div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">12.04</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Babin				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
Name of Federal Candidate: Babin, Brian, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 36 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">12.04</div> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">21.91</div> </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">12 20 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 72 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 														
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.08 </div>										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Uccio				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Name of Federal Candidate: Uccio, Steven, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 12 State: NJ										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.08 </div>										
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E9A10489D5EBC464F875 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.30 </div>										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Carter				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Name of Federal Candidate: Carter, Earl, Leroy, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: GA										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.30 </div>										
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : ECE9DDD9E5F144C8F811 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">23.38</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	23.38	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	23.38												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>										

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">14.26</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Royce				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Royce, Ed, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate				District: 39 State: CA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">14.26</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">16.54</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Arness				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Arness, Mark, Kenneth, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate				District: 05 State: MD	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">16.54</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">30.80</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 74 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 30.22	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Marshall				Category/Type 	
Name of Federal Candidate: Marshall, Roger, W, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 30.22				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 23.50	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Garrett				Category/Type 	
Name of Federal Candidate: Garrett, Thomas, Alexander, , JR				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 23.50				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> 53.72 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 75 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 														
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.94 </div>										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Hill				Category/Type 										
Name of Federal Candidate: Hill, James, French, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: AR										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.94 </div>										
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : ED695033160124183829 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.81 </div>										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Barton				Category/Type 										
Name of Federal Candidate: Barton, Joe, Linus, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 06 State: TX										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.81 </div>										
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E27D1CD08378543DE9DA Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">22.75</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	22.75	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	22.75												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div> 										
[Electronically Filed]														

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 76 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 														
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.05 </div>										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Burke				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Name of Federal Candidate: Burke, William, F, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MA										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.05 </div>										
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E260675EFD5E14A5DB89 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.99 </div>										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Martins				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Name of Federal Candidate: Martins, Jack, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NY										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.99 </div>										
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E4B027A97EDB646A88F6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">28.04</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	28.04	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	28.04												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
<div style="display: flex; justify-content: space-between;"> <div> Signature <u>Cockfield, Wayne, , ,</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [Electronically Filed] </div> </div> <div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div> </div> </div>														

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 77 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">17.79</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Collins				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: Collins, Christopher, Carl, ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> District: 27 State: NY </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">17.79</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">54.75</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Fortenberry				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: Fortenberry, Jeffrey, L, ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> District: 01 State: NE </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">54.75</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">72.54</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				<div style="display: flex; justify-content: space-between; align-items: center;"> <div> [Electronically Filed] </div> <div> Date <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Drake				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Drake, Frank, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> 21.75				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Morse				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Morse, Nicholas, Grant, ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> 17.18				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px; text-align: right;"> 38.93 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 79 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.81</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EB5B175E61D46472791A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Assini		Category/Type	
Name of Federal Candidate: Assini, Mark, W, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 25 State: NY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">655.06</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EEBFC497368F04B6C866 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Portman		Category/Type	
Name of Federal Candidate: Portman, Rob, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">669.87</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
City Indianapolis		State IN	Zip Code 46202-2214		Amount 23.78
Purpose of Expenditure IE-Printing-Jenkins			Category/ Type 		Transaction ID : E74AF7D78774446DB8AF Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate: Jenkins, Lynn, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			23.78		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
City Indianapolis		State IN	Zip Code 46202-2214		Amount 60.33
Purpose of Expenditure IE-Printing-Smith			Category/ Type 		Transaction ID : ECCC9C4F2A644444BB0F Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate: Smith, Adrian, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought			60.33		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p>84.11</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>			Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.77</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Gohmert				Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Gohmert, Louis, B, , JR				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX </div> </div>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">14.77</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12.50</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-DeSantis				Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Desantis, Ronald, D, ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL </div> </div>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">12.50</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">27.27</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;"></div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">121.47</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E0080E04F6C434768AFC Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure IE-Printing-Glenn		Category/ Type	Name of Federal Candidate: Glenn, Darryl, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">121.47</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">139.40</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E1FD902EB CD014E44B15 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure IE-Printing-Szeliga		Category/ Type	Name of Federal Candidate: Szeliga, Kathy, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">139.40</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MD</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	260.87
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

12

20

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 400px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee Printing Partners			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">10</div></div> <div><div style="border: 1px solid black; padding: 2px;">26</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34.55</div>		
City Indianapolis		State IN	Zip Code 46202-2214		Transaction ID : E10FD6746706E4057934 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>
Purpose of Expenditure IE-Printing-Boozman			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: Boozman, John, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) District: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">34.55</div>					
Full Name of Payee Printing Partners			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">10</div></div> <div><div style="border: 1px solid black; padding: 2px;">26</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.31</div>		
City Indianapolis		State IN	Zip Code 46202-2214		Transaction ID : EF585432880974A0FB03 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>
Purpose of Expenditure IE-Printing-Reis			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: Reis, Rhue, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) District: 02		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">14.31</div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">48.86</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">12</div></div> <div><div style="border: 1px solid black; padding: 2px;">20</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 400px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div>10</div> <div>26</div> <div>2016</div> </div>		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17.53</div>		
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EB50606C268F841A38EC Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure IE-Printing-Harris		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Harris, Andrew, P, ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17.53</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President <input type="checkbox"/> State: MD			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div>10</div> <div>26</div> <div>2016</div> </div>		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">21.54</div>		
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E1E82DF0B565B4984A5C Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure IE-Printing-Priem		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Priem, Richard, G, ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">21.54</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President <input type="checkbox"/> State: NM			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="width: 250px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">39.07</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div>12</div> <div>20</div> <div>2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>			
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10.38</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E4F0F816E1ED74B8BB20 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure IE-Printing-McDonough		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>	
Name of Federal Candidate: McDonough, Patrick, Leonard, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: MD	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10.38</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">20.22</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E9A33225F4300422B9DF Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure IE-Printing-Bratcher		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>	
Name of Federal Candidate: Bratcher, Harold, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: KY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">20.22</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">30.60</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]		12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.74 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Vaughn				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Vaughn, Corrogan, R, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MD							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.74</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 79.71 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Scott				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Scott, Timothy, E, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: SC							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">79.71</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">90.45</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	90.45	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	90.45										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div>10</div> <div>26</div> <div>2016</div> </div>		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 4.62 </div>		
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E6C448CC69AA344828BF Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure IE-Printing-Ostrov		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Name of Federal Candidate: Ostrov, Shirlene, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 4.62 </div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: HI	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div>10</div> <div>26</div> <div>2016</div> </div>		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 16.35 </div>		
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EC4C599A71B064DD3AE5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure IE-Printing-Anthanasopoulos		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Name of Federal Candidate: Athanasopoulos, George, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 16.35 </div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: CO	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="width: 250px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 20.97 </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div>12</div> <div>20</div> <div>2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 88 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 59.10 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Lankford				Category/Type 	
Name of Federal Candidate: Lankford, James, Paul, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought 59.10				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 15.86 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Arrington				Category/Type 	
Name of Federal Candidate: Arrington, Jodey, Cook, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 15.86				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="display: flex; justify-content: flex-end;"> 74.96 </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 89 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Mitchell				Category/Type 	
Name of Federal Candidate: Mitchell, Monte, Mark, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 33 State: TX	
Calendar Year-To-Date Per Election for Office Sought 3.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.90</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Williams				Category/Type 	
Name of Federal Candidate: Williams, Martin, L, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: VA	
Calendar Year-To-Date Per Election for Office Sought 7.90				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">11.05</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> <div>12 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 90 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		City Indianapolis State IN Zip Code 46202-2214		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.79</div>	
Purpose of Expenditure IE-Printing-Mica		Category/Type		Transaction ID : EFAC0D77558E9491683A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate: Mica, John, L, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: FL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">7.79</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		City Indianapolis State IN Zip Code 46202-2214		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.80</div>	
Purpose of Expenditure IE-Printing-Kinzinger		Category/Type		Transaction ID : E9BADBD7552334031832 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate: Kinzinger, Adam, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 16 State: IL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">35.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">43.59</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY

12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 91 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.53 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Hardin				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Hardin, Zeffen, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 28 State: TX							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.53 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E38A81EFF7064443BAAD Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.78 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Crawford				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Crawford, Eric, Alan, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: AR							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.78 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : EA716A646F8704DF387E Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.31 </div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.31 </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.31 </div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.31 </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.31 </div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.31 </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div> Signature _____ Cockfield, Wayne, , , </div> <div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div> </div> </div> <div style="text-align: center; margin-top: 5px;"> [Electronically Filed] </div>											

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 92 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
City Indianapolis	State IN	Zip Code 46202-2214	Amount 10.02		
Purpose of Expenditure IE-Printing-Cleek		Category/ Type 	Transaction ID : EA0906675359C4FCBDDF Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Cleek, N, Eugene, , MD			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: CA		
Calendar Year-To-Date Per Election for Office Sought 10.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
City Indianapolis	State IN	Zip Code 46202-2214	Amount 116.98		
Purpose of Expenditure IE-Printing-Isakson		Category/ Type 	Transaction ID : E9ED58AE27F0E4E0BB13 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Isakson, John, Hardy, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: GA		
Calendar Year-To-Date Per Election for Office Sought 116.98			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			127.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Cockfield, Wayne, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 93 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.61</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E0A7A9D1B4DE84027BD7 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Tacherra		Category/Type	
Name of Federal Candidate: Tacherra, Johnny, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 16 State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34.56</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E20C70DE0A73246DAAA2 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Harlan		Category/Type	
Name of Federal Candidate: Harlan, Patrick, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 17 State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">41.17</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 94 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Thune				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Thune, John, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: SD	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Faso				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Faso, John, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 19 State: NY	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">64.77</div>					
(a) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>					
(a) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 95 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 														
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13.12 </div>										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Palazzo				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Name of Federal Candidate: Palazzo, Steven, Mccarty, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: MS										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.12</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>										
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 27.50 </div>										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Lee				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Name of Federal Candidate: Lee, Mike, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: UT										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.50</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">40.62</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	40.62	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	40.62												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>										

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.50 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Calvert				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Calvert, Ken, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate				District: 42 State: CA							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.50 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13.69 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Carroll				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Carroll, John, Stanley, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate				District: State: HI							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13.69 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23.19 </div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23.19 </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23.19 </div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23.19 </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23.19 </div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23.19 </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div> Signature _____ Cockfield, Wayne, , , </div> <div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div> </div> </div>											

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 97 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 16.73	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Reed				Category/Type 	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Reed, Thomas, W, , II <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 16.73				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 13.53	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Johnson				Category/Type 	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Johnson, Sam, , , <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 13.53				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> 30.26 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 98 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 400px;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.92</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Emmer				Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Emmer, Thomas, Earl, , JR				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">45.92</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.53</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Conaway				Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Conaway, Michael, Honorable, ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 11 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">16.53</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">62.45</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 99 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">30.42</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-McKinley				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Mckinley, David, B, ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: WV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">30.42</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">15.75</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Nunes				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Nunes, Devin, G, ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 22 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">15.75</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">46.17</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 100 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 37.66 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Lewis				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Lewis, Jason, Mark, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.01 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Woodall				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Woodall, Rob, Rep, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 45.67 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 101 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 19.58 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Alliegro				Category/Type 	
Name of Federal Candidate: Alliegro, Mark, C, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 19.58 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 37.02 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Cramer				Category/Type 	
Name of Federal Candidate: Cramer, Kevin, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 37.02 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="display: flex; justify-content: flex-end;">56.60</div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Cockfield, Wayne, , ,</i>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 26.71 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Hultgren				Category/Type 	
Name of Federal Candidate: Hultgren, Randy, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 26.71				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 16.89 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-McCarthy				Category/Type 	
Name of Federal Candidate: Mccarthy, Kevin, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 16.89				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="display: flex; justify-content: flex-end;">43.60</div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.74 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E49EC9AA852F340368E8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Petersen		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Petersen, Roger, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 11 State: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.74 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 443.70 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EE6B76A7AB9A84CB99C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Johnson		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Johnson, Ronald, Harold, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: WI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 443.70 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 454.44 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 454.44 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 104 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.78 </div>							
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : EB28C7C8BF68D400B9C8							
Purpose of Expenditure IE-Printing-Ferguson			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Name of Federal Candidate: Ferguson, Anderson, Drew, , IV				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: GA							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.78 </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.18 </div>							
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : E3A017AFAB5AF41A582A							
Purpose of Expenditure IE-Printing-Duncan			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Name of Federal Candidate: Duncan, John, J, , JR				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: TN							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.18 </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.96</div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">19.96</div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">19.96</div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">31.46</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Cheney				Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Cheney, Elizabeth, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">31.46</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.52</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Issa				Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Issa, Darrell, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">14.52</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">45.98</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 106 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 14.17 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Barr				Category/Type 	
Name of Federal Candidate: Barr, Garland, Andy, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 14.17 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 31.97 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Roskam				Category/Type 	
Name of Federal Candidate: Roskam, Peter, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 31.97 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 46.14 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 0.00 </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 46.14 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.60 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E28EA2C4D74ED4172836 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Gaetz		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Gaetz, Matt, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: FL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.60 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.64 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E021CB883AB6E412CAD1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Culberson		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Culberson, John, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: TX	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.64 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22.24 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22.24 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 19.58	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Guthrie				Category/Type 	
Name of Federal Candidate: Guthrie, S, Brett, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 19.58				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 9.26	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Rice				Category/Type 	
Name of Federal Candidate: Rice, Tom, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 9.26				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> 28.84 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 19.97 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Cox				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Cox, Dan, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MD	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.97</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.42 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Cook				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Cook, Paul, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.42</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">31.39</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 110 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.36 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EA4A8132FA48549F48A9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Gitsham		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Gitsham, Denise, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 52 State: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.36 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16.27 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E27746012E89245FA98D Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Hunter		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Hunter, Duncan, D, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 50 State: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16.27 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.63 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.63 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , ,
[Electronically Filed]
Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street			Amount 41.58	
City Indianapolis	State IN	Zip Code 46202-2214		
Purpose of Expenditure IE-Printing-Paulsen		Category/ Type 	Transaction ID : EAF A1D61A0646441D909 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: Paulsen, Erik, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		41.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street			Amount 5.11	
City Indianapolis	State IN	Zip Code 46202-2214		
Purpose of Expenditure IE-Printing-Fischella		Category/ Type 	Transaction ID : EAA746552A4AE4CD7BA Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: Fischella, Tyler, R, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 35 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		5.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	46.69
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature <i>Cockfield, Wayne, , ,</i>	[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 112 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Byrne				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Byrne, Bradley, Roberts, ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: AL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Nunez				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Nunez, Evangeline, Martinez, ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 113 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.17</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Marchant				Category/Type	
Name of Federal Candidate: Marchant, Kenny, E, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">13.17</div>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate				District: 24 State: TX	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.19</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Walters				Category/Type	
Name of Federal Candidate: Walters, Mimi, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">15.19</div>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate				District: 45 State: CA	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">28.36</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 114 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.81 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Allen				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Allen, Richard, W, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 12 State: GA							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.81 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22.28 </div>							
Mailing Address 929 West 16th Street				Transaction ID : E330D286B59C74F88BA9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Young				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Young, David, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: IA							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22.28 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 31.09 </div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 31.09 </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 31.09 </div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 31.09 </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 31.09 </div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 31.09 </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 115 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Zinke				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Zinke, Ryan, K, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MT	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>				63.69	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Carter				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Carter, John, R, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 31 State: TX	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>				12.86	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.85</div>		Transaction ID : E78E3083F4B934869AA8	
City Indianapolis	State IN	Zip Code 46202-2214	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure IE-Printing-Loudermilk		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Name of Federal Candidate:	
Loudermilk, Barry, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	
District: 11 State: GA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8.85</div>			

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.84</div>		Transaction ID : E59B9357F1AFB4B0FB2B	
City Indianapolis	State IN	Zip Code 46202-2214	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure IE-Printing-Corey		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Name of Federal Candidate:	
Corey, Matthew, M, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	
District: 01 State: CT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">16.84</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25.69</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 117 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>		
Mailing Address 929 West 16th Street						Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.71 </div>		
City Indianapolis		State IN		Zip Code 46202-2214		Transaction ID : E30F613EAB5274365882		
Purpose of Expenditure IE-Printing-Hurd				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		
Name of Federal Candidate: Hurd, William, , ,						<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate						District: 23 State: TX		
Calendar Year-To-Date Per Election for Office Sought						<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.71 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General						2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>		
Mailing Address 929 West 16th Street						Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.26 </div>		
City Indianapolis		State IN		Zip Code 46202-2214		Transaction ID : E5935BF4AD4F54C20A7C		
Purpose of Expenditure IE-Printing-McCaul				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		
Name of Federal Candidate: McCaul, Michael, , ,						<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate						District: 10 State: TX		
Calendar Year-To-Date Per Election for Office Sought						<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.26 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General						2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23.97 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23.97 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , ,
[Electronically Filed]
Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 118 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.70</div>		Transaction ID : E8BAB34683C3D4077B57	
City Indianapolis	State IN	Zip Code 46202-2214	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Printing-Roby		Category/ Type		Name of Federal Candidate:	
Roby, Martha, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6.70</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.85</div>		Transaction ID : E79B716ECF84743BDA07	
City Indianapolis	State IN	Zip Code 46202-2214	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Printing-Comer		Category/ Type		Name of Federal Candidate:	
Comer, James, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">12.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">19.55</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY

12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 119 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.87</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Amador				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Amador, Antonio, C, ,				Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.87</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.42</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Gowdy				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Gowdy, Trey, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.42</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px; text-align: center;"> 24.29 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 120 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.30</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E394F1742775C4419B5C Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Griffith		Category/Type	
Name of Federal Candidate: Griffith, H, Morgan, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: VA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.41</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EBE8B0A98F56A41029A4 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Brooks		Category/Type	
Name of Federal Candidate: Brooks, Mo, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: AL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">31.71</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 121 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.53</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E3019147EFDA24CF3A07 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Ratcliffe		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Ratcliffe, John, L, ,		Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.01</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EDB30AD7F0BCF40F391E Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Bergman		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Bergman, John, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">68.54</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 122 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10.45</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Collins				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Collins, Douglas, Allen, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 09 State: GA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10.45</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">66.58</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Amash				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Amash, Justin, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: MI	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">66.58</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">77.03</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">Y Y Y Y Y Y</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 123 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.62</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E28222EE89F624CBF8AF Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Zeldin		Category/Type	
Name of Federal Candidate: Zeldin, Lee, M, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: NY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.42</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EC8917504D29C4372A9F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Garrett		Category/Type	
Name of Federal Candidate: Garrett, Scott, Rep, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: NJ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">32.04</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 124 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 85.02	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Huizenga				Category/Type 	
Name of Federal Candidate: Huizenga, Bill, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 85.02				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 10.29	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Mulvaney				Category/Type 	
Name of Federal Candidate: Mulvaney, John, Michael, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 10.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> 95.31 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 125 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16.48 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E655E3468DC3E41B6954 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Khour		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Khouri, Tonia, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 11 State: IL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16.48 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21.22 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ECB5C8BA370054198B0F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Lamborn		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Lamborn, Douglas, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: CO	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21.22 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 37.70 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 37.70 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 126 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00509893 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				
City Indianapolis	State IN	Zip Code 46202-2214	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 21.28 </div>	
Purpose of Expenditure IE-Printing-Novak			Category/Type 	
Name of Federal Candidate: Novak, Daria, Irene, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: CT	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 21.28 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				
City Indianapolis	State IN	Zip Code 46202-2214	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 33.06 </div>	
Purpose of Expenditure IE-Printing-Bost			Category/Type 	
Name of Federal Candidate: Bost, Michael, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 12 State: IL	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 33.06 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	 54.34
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12
20
2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 127 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 46.08 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EE153B7DB63D74BF1B15 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Trott		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Trott, David, A, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 State: MI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 46.08 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.92 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E8E561B29CA4D4286941 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Hice		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Hice, Jody, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 State: GA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.92 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 54.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , ,
[Electronically Filed]
Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 128 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y / / / </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4.13 </div>		
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E168B7FC16EF44D8DA71 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y / / / </div>		
Purpose of Expenditure IE-Printing-Spotorno		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / / </div>		
Name of Federal Candidate: Spotorno, Frank, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4.13 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.49 </div>		
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E6F07152B45C94E92843 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y / / / </div>		
Purpose of Expenditure IE-Printing-Scott		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / / </div>		
Name of Federal Candidate: Scott, James, Austin, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.49 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.62 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / / </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / / </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , **[Electronically Filed]** Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 129 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.05</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E0A8894371FE94B25929 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Bishop		Category/Type <input type="text"/>	
Name of Federal Candidate: Bishop, Robert, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: UT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">7.05</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.60</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E5D09BECE0FF64FA784E Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Rutherford		Category/Type <input type="text"/>	
Name of Federal Candidate: Rutherford, John, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: FL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11.60</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18.65</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

[Electronically Filed]

Date / /

12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 130 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">11.38</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Price				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Price, Thomas, Edmunds, ,				Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">11.38</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">8.88</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Hensarling				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Hensarling, Jeb, Hon, ,				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">8.88</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">20.26</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 131 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount 1.15	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Romaguera				Category/Type Transaction ID : E2F8ACC2F15EA40AABE! Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Romaguera, Allan, , , <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought 1.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount 24.23	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Lance				Category/Type Transaction ID : ECD5891A4CCD54FBA810 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Lance, Leonard, , , <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought 24.23				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: right;">25.38</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 132 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 29.49 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Goodlatte				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Goodlatte, Robert, W, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 06 State: VA							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 29.49 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				2016							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.79 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Rodgers				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Rodgers, Cathy, Mcmorris, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 05 State: WA							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.79 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				2016							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 60.28 </div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 60.28 </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 60.28 </div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 60.28 </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 60.28 </div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 60.28 </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 133 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.97</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-LoBiondo				Category/Type 	
Name of Federal Candidate: Lobiondo, Frank, A, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: NJ	
Calendar Year-To-Date Per Election for Office Sought 20.97				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.46</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Womack				Category/Type 	
Name of Federal Candidate: Womack, Steve, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: AR	
Calendar Year-To-Date Per Election for Office Sought 8.46				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">29.43</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> <div>12 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 134 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">10 / 26 / 2016</div> </div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: right;">13.17</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Franks				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
Name of Federal Candidate: Franks, Trent, , ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ </div> </div>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: right;">13.17</div> </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">10 / 26 / 2016</div> </div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: right;">12.92</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Robinson				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
Name of Federal Candidate: Robinson, Art, , ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR </div> </div>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: right;">12.92</div> </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: right;">26.09</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> Signature _____ Cockfield, Wayne, , , </div> <div> [Electronically Filed] </div> <div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> <div style="text-align: center;">12 / 20 / 2016</div> </div> </div> </div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 135 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.83 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Russell				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Russell, Steven, Dane, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: OK							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.83</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 19.94 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-LaMalfa				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Lamalfa, Doug, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: CA							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.94</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.77</div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">30.77</div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">30.77</div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div> Signature <u>Cockfield, Wayne, , ,</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> <div style="text-align: center;"> [Electronically Filed] </div> <div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div> </div> </div>											

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 136 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20.56 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E8041714C0ACF4A5192F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Smith		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Smith, Lamar, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 21 State: TX	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20.56 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.06 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EC92C0974738A459F9BB Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Duke		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Duke, Gregory, Paul, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: GA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.06 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25.62 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25.62 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 137 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">54.03</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Upton				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: Upton, Frederick, Stephen, ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI </div> </div>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">54.03</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E34F5F4F8124541B3931 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5.58</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Rogers				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: Rogers, Michael, Dennis, ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL </div> </div>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5.58</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E47843CD010C84A9C967 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">59.61</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>33.21</div> </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EF9D542591E7349449C7 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Comstock		Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate: Comstock, Barbara, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 10 State: VA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>37.02</div> </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E994C7399CAE341F8BA1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Hoeven		Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate: Hoeven, John, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: ND	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>70.23</div> </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 139 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 13.28 </div>	
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : EF8132C63DD194BEB8BF Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure IE-Printing-Burgess			Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support Burgess, Michael, C, , <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>			Calendar Year-To-Date Per Election for Office Sought 13.28		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 29.58 </div>	
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : ECB75187DE792420095D Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure IE-Printing-Blum			Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support Blum, Rodney, Leland, , <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>			Calendar Year-To-Date Per Election for Office Sought 29.58		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">42.86</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 140 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item								
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>								
City Indianapolis		State IN	Zip Code 46202-2214		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 39.29 </div>						
Purpose of Expenditure IE-Printing-Crapo			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>								
Name of Federal Candidate: Crapo, Michael, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose								
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: _____ ID _____								
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 39.29 </div>								
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____								
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item								
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>								
City Indianapolis		State IN	Zip Code 46202-2214		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13.27 </div>						
Purpose of Expenditure IE-Printing-Duncan			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>								
Name of Federal Candidate: Duncan, Jeffrey, D, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate			District: 03 State: SC								
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13.27 </div>								
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.56</div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">52.56</div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">52.56</div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>								

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 141 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 					
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.82 </div>	
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : E1A8CDFB0CBA24BE98B	
Purpose of Expenditure IE-Printing-Tipton			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Tipton, Scott, R, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.82 </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.06 </div>	
City Indianapolis		State IN	Zip Code 46202-2214	Transaction ID : E6E8F542A49074BFB865	
Purpose of Expenditure IE-Printing-Narvaiz			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Narvaiz, Susan, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 35 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.06 </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22.88 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22.88 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 142 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">18.60</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Pearce				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Pearce, Steve, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought:				<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	
District: 02				State: NM	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">18.60</div>	
Disbursement For:				<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
2016				<input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">18.53</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Fitzpatrick				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Fitzpatrick, Brian, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought:				<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	
District: 08				State: PA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">18.53</div>	
Disbursement For:				<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
2016				<input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">37.13</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.68 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EF9E4A6F1708E4A7BA02 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Valadao		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Valadao, David, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 21 State: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.68 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 47.11 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E6A49A4FF196546B6B5F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Mitchell		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Mitchell, Paul, , III		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 State: MI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 47.11 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 52.79 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 144 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>26</div> <div>2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div>16.74</div> </div> </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E93E400C0CD3E43ED943 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div>
Purpose of Expenditure IE-Printing-Rosa		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> </div>	
Name of Federal Candidate: Rosa, David, A, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: MA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div>16.74</div> </div> </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>26</div> <div>2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div>9.78</div> </div> </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E7998585735F74A2B9C1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div>
Purpose of Expenditure IE-Printing-King		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> </div>	
Name of Federal Candidate: King, Peter, T, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NY	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div>9.78</div> </div> </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div>26.52</div> </div> </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div></div> </div> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div></div> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

[Electronically Filed]

Date

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2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 145 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 7.31 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Rogers				Category/Type 	
Name of Federal Candidate: Rogers, Harold, Dallas, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 7.31				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 9.50 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Roe				Category/Type 	
Name of Federal Candidate: Roe, David, Phillip, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 9.50				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="display: flex; justify-content: space-between;"> 16.81 </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 146 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.21 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Chabot				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Chabot, Paul, R, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 31 State: CA							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.21 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E3E008B5FD9214FACA57 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1.31 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Cavanagh				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Cavanagh, Daniel, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: NY							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1.31 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Transaction ID : E54E6B48E1359424DB42 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.52 </div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.52 </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.52 </div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.52 </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.52 </div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.52 </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div> Signature Cockfield, Wayne, , , </div> <div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div> </div> </div> <div style="text-align: center; margin-top: 5px;"> [Electronically Filed] </div>											

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 147 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.65</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E26B36AEBDFD449839AF Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Massie		Category/Type	
Name of Federal Candidate: Massie, Thomas, H, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: KY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.55</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E587AE9EC09BC41F7AF9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Walden		Category/Type	
Name of Federal Candidate: Walden, Gregory, P, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: OR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33.20</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 148 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.67</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Moolenaar				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Moolenaar, John, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.67</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.02</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Rooney				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Rooney, Francis, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.02</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div> <div style="display: inline-block; width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 35%;">62.69</div> </div>					
<div> <div style="display: inline-block; width: 60%;">(a) SUBTOTAL of Unitemized Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 35%;"></div> </div>					
<div> <div style="display: inline-block; width: 60%;">(a) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 35%;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 20 / 2016</div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 149 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.18 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E7F4AE4DBFC054F59A25 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Gosar		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Gosar, Paul, Anthony, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: AZ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.18 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6.41 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E988D6F714A8749988F9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Westley		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Westley, Timmy, Lee, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 15 State: TX	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6.41 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 18.59 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 18.59 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , **[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 150 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.37</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E1AADB7CA51BE483C8B Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Westerman		Category/Type	
Name of Federal Candidate: Westerman, Bruce, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.91</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E4323DECB67C640D1B7C Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Reichert		Category/Type	
Name of Federal Candidate: Reichert, Dave, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: WA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">26.28</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 151 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 72.85 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Rubio				Category/Type 	
Name of Federal Candidate: Rubio, Marco, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 5274.56				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 31.15 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Jones				Category/Type 	
Name of Federal Candidate: Jones, Jeff, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought 31.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 250px;"> <div style="display: flex; justify-content: flex-end;">104.00</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 152 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		City Indianapolis		State IN	
Zip Code 46202-2214		Purpose of Expenditure IE-Printing-Willis		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	
District: 05 State: OR		Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	
Amount 14.49		Transaction ID : E7276FE6F056947E593A		Date of Disbursement or Obligation	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		City Indianapolis		State IN	
Zip Code 46202-2214		Purpose of Expenditure IE-Printing-King		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: King, Steve, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	
District: 04 State: IA		Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	
Amount 46.02		Transaction ID : ECBEC8CB88D834BFFB3		Date of Disbursement or Obligation	

(a) SUBTOTAL of Itemized Independent Expenditures		60.51	
(a) SUBTOTAL of Unitemized Independent Expenditures			
(a) TOTAL Independent Expenditures			

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 153 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.76 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Rohrabacher				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Rohrabacher, Dana, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 48 State: CA							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.76</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>							
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14.41 </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Brady				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Brady, Kevin, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: TX							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.41</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">27.17</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	27.17	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	27.17										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 154 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">63.35</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E6241ED35967E4BFD89F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Callahan		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Callahan, Mark, Allen, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">63.35</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.48</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E9E25671BF4FC42C4B0F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Printing-Beutler		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Beutler, Jaime, Herrera, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">30.48</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">93.83</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 156 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.48</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Moran				Category/Type 	
Name of Federal Candidate: Moran, Jerry, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">100.48</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> <div> </div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28.00</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Wittman				Category/Type 	
Name of Federal Candidate: Wittman, Robert, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">28.00</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> <div> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">128.48</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> <div>12 / 20 / 2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 157 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.00</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED19D93294A194A1FB85 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Printing-Knight		Category/Type 	
Name of Federal Candidate: Knight, Steve, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 25 State: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46.59</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E9F27E271FBD54B6D937 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Printing-Mills		Category/Type 	
Name of Federal Candidate: Mills, Stewart, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: MN	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">46.59</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">57.59</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , ,
[Electronically Filed]
Date MM / DD / YYYY
12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 158 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">317.34</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Long				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Long, Wendy, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">317.34</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46.49</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Shimkus				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Shimkus, John, M, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">46.49</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">363.83</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 20 / 2016</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 159 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 3.67 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Gonzalez				Category/Type 	
Name of Federal Candidate: Gonzalez, Rey, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 3.67				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 19.06 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Thornberry				Category/Type 	
Name of Federal Candidate: Thornberry, Mac, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 19.06				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 22.73 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 160 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">141.46</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Grassley				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: Grassley, Charles, E, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">141.46</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10.74</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Stone				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: Stone, Jeffrey, E, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10.74</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">152.20</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 161 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 17.92 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Romero				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Romero, Michael, H, ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate </div> <div> District: 03 State: NM </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17.92</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 17.63 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Tenney				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Tenney, Claudia, , ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate </div> <div> District: 22 State: NY </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17.63</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 35.55 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.56 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E7A3E91590FD14A01B59 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Wade		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Wade, Michael, Leo, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: VA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.56 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.48 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EA62A697AC9DD47BE988 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Newhouse		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Newhouse, Dan, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: WA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.48 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 48.04 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 48.04 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 163 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 13.84 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Taub				Category/Type 	
Name of Federal Candidate: Taub, H, Russell, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought 13.84				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 8.33 </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Dunn				Category/Type 	
Name of Federal Candidate: Dunn, Neal, Patrick, , MD				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 8.33				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">22.17</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 164 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.45</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E484A154181CD41019F5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>
Purpose of Expenditure IE-Printing-Simpson		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Simpson, Michael, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">14.45</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">14.45</div>	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.76</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E477E2164CAB3499FA92 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>
Purpose of Expenditure IE-Printing-Graves		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Graves, John, Thomas, , JR		Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">7.76</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">7.76</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">22.21</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.01</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED280566FFACB4E10893 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
Purpose of Expenditure IE-Printing-Mast		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Mast, Brian, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.95</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E243DEB7D5DA548D1B21 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
Purpose of Expenditure IE-Printing-McSally		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Mcsally, Martha, E, ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">21.96</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 166 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20.97 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EC8694250D5054E59A53 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Smith		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Smith, Christopher, H, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: NJ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20.97 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40.70 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E63907D898F5149FE875 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Bishop		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Bishop, Mike, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: MI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40.70 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 61.67 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 61.67 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 167 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17.15</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E6FC0954032C44013A08 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Taylor		Category/Type <input type="text"/>	
Name of Federal Candidate: Taylor, Scott, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: VA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">17.15</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E14590E9E792C49B1A5F Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Bartley		Category/Type <input type="text"/>	
Name of Federal Candidate: Bartley, Lori, Anita, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 State: TX	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20.40</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

[Electronically Filed]

Date / /

12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 168 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 8.65	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Babeu				Category/Type 	
Name of Federal Candidate: Babeu, Paul, Raymond, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 8.65				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 7.49	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Reed				Category/Type 	
Name of Federal Candidate: Reed, Mark, , , SR				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 30 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 7.49				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 16.14 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date MM / DD / YYYY 12 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 169 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12.14</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Weber				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Weber, Randy, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 14 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">12.14</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33.83</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Davis				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Davis, Rodney, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">33.83</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">45.97</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.50</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E34A68DF39E254ADAA1C
Purpose of Expenditure IE-Printing-Bacon		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate: Bacon, Donald, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">37.50</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">37.50</div>	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.10</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E643985AE3915492BADE
Purpose of Expenditure IE-Printing-Coffman		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate: Coffman, Mike, Rep, ,		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">14.10</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">14.10</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.60</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.99</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Biggs				Category/Type	
Name of Federal Candidate: Biggs, Andy, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought:				<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	
District: 05				State: AZ	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">11.99</div>	
Disbursement For:				<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
2016				<input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.19</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Farenthold				Category/Type	
Name of Federal Candidate: Farenthold, Randolph, Blake, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought:				<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	
District: 27				State: TX	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">15.19</div>	
Disbursement For:				<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
2016				<input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.18</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
City Indianapolis	State IN	Zip Code 46202-2214	Amount 10.67		
Purpose of Expenditure IE-Printing-Palmer		Category/ Type 	Transaction ID : EA06EEA5A12C34FE2B7A Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Palmer, Gary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 06 State: AL		
Calendar Year-To-Date Per Election for Office Sought 10.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
City Indianapolis	State IN	Zip Code 46202-2214	Amount 8.88		
Purpose of Expenditure IE-Printing-Mullin		Category/ Type 	Transaction ID : E1B5929242175467DA43 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Mullin, Markwayne, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: OK		
Calendar Year-To-Date Per Election for Office Sought 8.88			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			19.55		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 173 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24.17 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E25BF67EA49D6447BB48 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Purpose of Expenditure IE-Printing-Frelinghuysen		Category/Type 	
Name of Federal Candidate: Frelinghuysen, Rodney, P, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 State: NJ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24.17 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 19.37 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E8F704A155C5D4F0BB79 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Purpose of Expenditure IE-Printing-McClintock		Category/Type 	
Name of Federal Candidate: McClintock, Thomas, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 19.37 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 43.54 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date MM / DD / YYYY
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 174 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.98 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EEEDF55CB002A4DE2915 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Lucas		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Lucas, Frank, D, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: OK	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.98 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.37 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E51ED26F697D346FA869 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Chaffetz		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Chaffetz, Jason, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: UT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.37 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21.35 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21.35 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>					
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Cole				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
Name of Federal Candidate: Cole, Tom, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OK	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Buck				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>	
Name of Federal Candidate: Buck, Kenneth, R, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Signature Cockfield, Wayne, , , </div> <div style="width: 20%; text-align: center;"> [Electronically Filed] </div> <div style="width: 40%; text-align: right;"> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div>M M M</div> <div>D D D</div> <div>Y Y Y Y Y Y</div> </div> </div> </div> </div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2016</div> </div>		
Mailing Address 929 West 16th Street						Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.19</div>		
City Indianapolis		State IN		Zip Code 46202-2214		Transaction ID : EF78C3F6AF0F14E3D9F2		
Purpose of Expenditure IE-Printing-Flores				Category/ Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Flores, Bill, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">12.19</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2016</div> </div>		
Mailing Address 929 West 16th Street						Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34.30</div>		
City Indianapolis		State IN		Zip Code 46202-2214		Transaction ID : EF85EF22C657C47DDA9E		
Purpose of Expenditure IE-Printing-Hardwick				Category/ Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Hardwick, Allen, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">34.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">46.49</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

[Electronically Filed]

Date / /

12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 177 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24.84 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EC041FB4834144BBFAF4 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Labrador		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Labrador, Raul, R, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: ID	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24.84 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.57 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E629C349BE097411195C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Schweikert		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Schweikert, David, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: AZ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.57 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 36.41 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 36.41 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.11</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E3ED39CF06C5C4B9E926 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>
Purpose of Expenditure IE-Printing-Black		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Black, Diane, L, ,		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.17</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EC843749DBB06440C835 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>
Purpose of Expenditure IE-Printing-Deuser		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Deuser, August, Oneill, ,		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">24.28</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y														
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016										
Mailing Address 929 West 16th Street				Amount 12.04										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Denham				Category/Type 										
Name of Federal Candidate: Denham, Jeff, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA										
Calendar Year-To-Date Per Election for Office Sought 12.04				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016										
Mailing Address 929 West 16th Street				Amount 7.15										
City Indianapolis		State IN		Zip Code 46202-2214										
Purpose of Expenditure IE-Printing-Aderholt				Category/Type 										
Name of Federal Candidate: Aderholt, Robert, Brown, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL										
Calendar Year-To-Date Per Election for Office Sought 7.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:5%; text-align: center;">▶</td> <td style="width:35%; border: 1px solid black; padding: 2px;">19.19</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	19.19	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	19.19												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
<div style="display: flex; justify-content: space-between;"> <div> Signature <u>Cockfield, Wayne, , ,</u> <div style="border: 1px solid black; padding: 2px; width: 150px; margin-top: 5px;"></div> </div> <div style="text-align: center;"> [Electronically Filed] </div> <div> Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div> </div>														

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.15 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E6500B207736B48AAA3C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Stewart		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Stewart, Chris, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: UT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.15 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50.11 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED4E8B1D0F79A4D589C1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-LaHood		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Lahood, Darin, Mckay, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 State: IL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50.11 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 57.26 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 57.26 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , **[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.77</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Cadena				Category/Type 	
Name of Federal Candidate: Cadena, Angel, Luis, , JR				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought 14.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.87</div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Bridenstine				Category/Type 	
Name of Federal Candidate: Bridenstine, James, Frederick, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OK	
Calendar Year-To-Date Per Election for Office Sought 14.87				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="text-align: right;">29.64</div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street			Amount 22.11 Transaction ID : ED03B14A7D2094E21A82 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
City Indianapolis	State IN	Zip Code 46202-2214		
Purpose of Expenditure IE-Printing-Scalise		Category/ Type 		
Name of Federal Candidate: Scalise, Steve, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: LA	
Calendar Year-To-Date Per Election for Office Sought 22.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street			Amount 6.56 Transaction ID : EFE127D845DC04014859 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
City Indianapolis	State IN	Zip Code 46202-2214		
Purpose of Expenditure IE-Printing-Snyder		Category/ Type 		
Name of Federal Candidate: Snyder, Stacy, Ries, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: TN	
Calendar Year-To-Date Per Election for Office Sought 6.56			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	28.67
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , , [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 183 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 48.56 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E5171CA44D89E4396A1F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Walberg		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Walberg, Timothy, L, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: MI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 48.56 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 18.03 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EB2937D6D8387402DBED Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Jenkins		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Jenkins, Evan, H, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: WV	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 18.03 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 66.59 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 66.59 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , **[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 184 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13.07 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED8D22929E95C4CE186F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Young		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Young, Donald, E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: AK	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13.07 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.88 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EE78E37B8E7E043D8B23 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Donovan		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Donovan, Dan, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 State: NY	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.88 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20.95 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20.95 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , ,
[Electronically Filed]
Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">51.02</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E9E34CF5D418647F0969 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure IE-Printing-Noem		Category/ Type		

Name of Federal Candidate: Noem, Kristi, Lynn, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">51.02</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27.03</div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EA8AA70E195F742FAAC1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure IE-Printing-Smucker		Category/ Type		
Name of Federal Candidate: Smucker, Lloyd, K, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 16 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">27.03</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	78.05
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 186 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 53.05	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Hagedorn				Category/Type 	
Name of Federal Candidate: Hagedorn, James, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 53.05				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address 929 West 16th Street				Amount 22.05	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Yoder				Category/Type 	
Name of Federal Candidate: Yoder, Kevin, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 22.05				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 75.10 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 187 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
Mailing Address 929 West 16th Street				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Sessions				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Sessions, Pete, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate				District: 32 State: TX							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
Mailing Address 929 West 16th Street				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Kelly				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Kelly, John, Trent, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate				District: 01 State: MS							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">24.69</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	24.69	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	24.69										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div> Signature Cockfield, Wayne, , , </div> <div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div> </div> </div>											

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 188 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		City Indianapolis		State IN	
Zip Code 46202-2214		Purpose of Expenditure IE-Printing-McCain		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: McCain, John, S, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: AZ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 91.42 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		City Indianapolis		State IN	
Zip Code 46202-2214		Purpose of Expenditure IE-Printing-MacArthur		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Macarthur, Thomas, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: 03 State: NJ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 22.93 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 114.35 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 00.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 114.35 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , ,
[Electronically Filed]
Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 189 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Martin				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Martin, Jeff, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 09 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 929 West 16th Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Indianapolis		State IN		Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Lingerfelt				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Lingerfelt, Charles, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 30 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 190 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4.94 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E4125382B03B544A08FF Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Love		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Love, Mia, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4.94 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30906.80 </div>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E468E01724E3F4D529EF Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Trump		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Trump, Donald, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 113776.84 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30911.74 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30911.74 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , ,
[Electronically Filed]
Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 191 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
City Indianapolis		State IN	Zip Code 46202-2214		Amount 1434.94
Purpose of Expenditure IE-Printing-Comstock			Category/ Type 		Transaction ID : E77D1BB979C4D4D13A0E Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate: Comstock, Barbara, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought			1468.15		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
Full Name of Payee Printing Partners			<input type="checkbox"/> Memo Item		
Mailing Address 929 West 16th Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
City Indianapolis		State IN	Zip Code 46202-2214		Amount 30906.79
Purpose of Expenditure IE-Printing-Toomey			Category/ Type 		Transaction ID : ED051FB3AFB1D40FB97F Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate: Toomey, Patrick, Joseph, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			33928.73		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
(a) SUBTOTAL of Itemized Independent Expenditures			32341.73		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Cockfield, Wayne, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 192 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016							
Mailing Address 929 West 16th Street				Amount 2510.39							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Toomey				Category/Type 							
Name of Federal Candidate: Toomey, Patrick, Joseph, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA							
Calendar Year-To-Date Per Election for Office Sought 33928.73				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016							
Mailing Address 929 West 16th Street				Amount 3945.32							
City Indianapolis		State IN		Zip Code 46202-2214							
Purpose of Expenditure IE-Printing-Clinton				Category/Type 							
Name of Federal Candidate: Clinton, Hillary, Rodham, ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President State: _____							
Calendar Year-To-Date Per Election for Office Sought 113776.84				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">▶ 6455.71</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 6455.71	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 	(a) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 6455.71										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 										
(a) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div> Signature <u>Cockfield, Wayne, , ,</u> <div style="border: 1px solid black; padding: 2px; width: 150px; margin-top: 5px;">[Electronically Filed]</div> </div> <div> Date MM / DD / YYYY 12 / 20 / 2016 </div> </div>											

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 193 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2016 </div>							
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 581.22 </div>							
City Washington		State DC	Zip Code 20090-2521	Transaction ID : EA41DACD005E6458C89F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Purpose of Expenditure IE-Radio-Willis			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>								
Name of Federal Candidate: Willis, Colm, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 595.71 </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►							
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2016 </div>							
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1937.40 </div>							
City Washington		State DC	Zip Code 20090-2521	Transaction ID : E2340390CA59C4E2BA29 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Purpose of Expenditure IE-Radio-Portman			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>								
Name of Federal Candidate: Portman, Rob, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 				Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2592.46 </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2518.62 </div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2518.62 </div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2518.62 </div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 194 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 / 01 / 2016 </div>	
Mailing Address PO Box 92521			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">96.87</div> Transaction ID : E16862DB29BAC48539B2 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
City Washington	State DC	Zip Code 20090-2521		
Purpose of Expenditure IE-Radio-Fitzpatrick		Category/ Type		
Name of Federal Candidate: Fitzpatrick, Brian, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">115.40</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">115.40</div>	

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 / 01 / 2016 </div>	
Mailing Address PO Box 92521			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">290.61</div> Transaction ID : E07041314389D4B6E8EF Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
City Washington	State DC	Zip Code 20090-2521		
Purpose of Expenditure IE-Radio-Guinta		Category/ Type		
Name of Federal Candidate: Guinta, Frank, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1086.20</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1086.20</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">387.48</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 195 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">96.87</div>	
City Washington		State DC		Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Tarkanian				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Tarkanian, Danny, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1560.18</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">96.87</div>	
City Washington		State DC		Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Smucker				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Smucker, Lloyd, K, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 16 State: PA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">123.90</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">193.74</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 196 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div>	
City Washington		State DC		Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Trump				Transaction ID : EF9B642BA6F964273972 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Trump, Donald, J, ,				Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div>				Amount <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div>	
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div>	
City Washington		State DC		Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Burr				Transaction ID : E57AF8F41740C4AFE80 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Burr, Richard, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div>				Amount <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div>	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 197 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 11 01 2016 </div>	
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 193.74 </div>	
City Washington		State DC		Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Faso				Category/Type 	
Name of Federal Candidate: Faso, John, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 207.49				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 11 01 2016 </div>	
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 193.74 </div>	
City Washington		State DC		Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Gallagher				Category/Type 	
Name of Federal Candidate: Gallagher, Michael, John, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 223.48				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 387.48 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 198 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address PO Box 92521				
City Washington	State DC	Zip Code 20090-2521	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">96.87</div>	
Purpose of Expenditure IE-Radio-Taylor			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Taylor, Scott, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate			District: 02 State: VA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">114.02</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address PO Box 92521				
City Washington	State DC	Zip Code 20090-2521	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2712.36</div>	
Purpose of Expenditure IE-Radio-Toomey			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Toomey, Patrick, Joseph, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: State: PA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">36641.09</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	2809.23
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

12

20

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 199 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee Interactive Media			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 92521			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1065.57</div>		
City Washington	State DC	Zip Code 20090-2521	Transaction ID : EA4A2332F16394C41B44 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure IE-Radio-Ayotte		Category/Type			
Name of Federal Candidate: Ayotte, Kelly, A, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Interactive Media			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 92521			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">387.48</div>		
City Washington	State DC	Zip Code 20090-2521	Transaction ID : E6D8AB05C71A84B04BF3 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure IE-Radio-Hurd		Category/Type			
Name of Federal Candidate: Hurd, William, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1453.05</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Cockfield, Wayne, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 200 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Interactive Media			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 92521			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
City Washington		State DC	Zip Code 20090-2521		Amount 484.35
Purpose of Expenditure IE-Radio-Heck			Category/Type 		
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			6925.81 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Interactive Media			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 92521			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
City Washington		State DC	Zip Code 20090-2521		Amount 1162.44
Purpose of Expenditure IE-Radio-Johnson			Category/Type 		
Name of Federal Candidate: Johnson, Ronald, Harold, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			1606.14 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1646.79		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 201 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y														
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2016 </div>										
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 193.74 </div>										
City Washington		State DC		Zip Code 20090-2521										
Purpose of Expenditure IE-Radio-Love				Category/Type 										
Name of Federal Candidate: Love, Mia, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>										
Calendar Year-To-Date Per Election for Office Sought 198.68				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2016 </div>										
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 193.74 </div>										
City Washington		State DC		Zip Code 20090-2521										
Purpose of Expenditure IE-Radio-Tenney				Category/Type 										
Name of Federal Candidate: Tenney, Claudia, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>										
Calendar Year-To-Date Per Election for Office Sought 211.37				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">387.48</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	387.48	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	387.48												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> Signature <u>Cockfield, Wayne, , ,</u> </div> <div style="width: 20%; text-align: center;"> [Electronically Filed] </div> <div style="width: 40%; text-align: right;"> Date M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12 / 20 / 2016 </div> </div> </div>														

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 202 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2016 </div>	
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 193.74 </div>	
City Washington		State DC		Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Wade				Category/Type 	
Name of Federal Candidate: Wade, Michael, Leo, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 211.30				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2016 </div>	
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 290.61 </div>	
City Washington		State DC		Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Garrett				Category/Type 	
Name of Federal Candidate: Garrett, Thomas, Alexander, , JR				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 314.11				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 484.35 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) SUBTOTAL of Unitemized Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12 / 20 / 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 203 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2016 </div>							
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 581.22 </div>							
City Washington		State DC		Zip Code 20090-2521							
Purpose of Expenditure IE-Radio-Comstock				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Comstock, Barbara, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: VA							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2049.37</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2016 </div>							
Mailing Address PO Box 92521				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 96.87 </div>							
City Washington		State DC		Zip Code 20090-2521							
Purpose of Expenditure IE-Radio-Bacon				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Bacon, Donald, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NE							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">134.37</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">678.09</div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">678.09</div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">678.09</div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 204 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY							
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016								
Mailing Address 3817 W Dale Ave Unit 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">163.69</div>								
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : ED912E831E17048C3AAC Date of Disbursement or Obligation MM / DD / YYYY								
Purpose of Expenditure IE-Phone Calls-Bishop		Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bishop, Mike, , ,								
Calendar Year-To-Date Per Election for Office Sought 204.39		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI									
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016								
Mailing Address 3817 W Dale Ave Unit 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8229.01</div>								
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : EDC306EA838CD40C997F Date of Disbursement or Obligation MM / DD / YYYY								
Purpose of Expenditure IE-Phone Calls-Trump		Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Trump, Donald, J, ,								
Calendar Year-To-Date Per Election for Office Sought 149509.77		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:									
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶								
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">8392.70</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	8392.70	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	8392.70										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>		[Electronically Filed]		Date MM / DD / YYYY 12 / 20 / 2016							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 205 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>								
Mailing Address 3817 W Dale Ave Unit 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 207.47 </div>								
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E23D2658FA1BE45AABD1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>								
Purpose of Expenditure IE-Phone Calls-Knight		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Knight, Steve, , ,								
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 218.47 </div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 25 State: CA									
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc								
Mailing Address 3817 W Dale Ave Unit 1			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>								
City Tampa	State FL	Zip Code 33609-4436	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 59.08 </div>								
Purpose of Expenditure IE-Phone Calls-Babeu		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Transaction ID : E0B60866707D14246ACD Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>								
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Babeu, Paul, Raymond, ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: AZ									
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 67.73 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶								
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">266.55</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	266.55	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	266.55										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 206 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 / 07 / 2016 </div>	
Mailing Address 3817 W Dale Ave Unit 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">159.64</div> Transaction ID : E5705446FE6154E5DB2A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
City Tampa	State FL	Zip Code 33609-4436		
Purpose of Expenditure IE-Phone Calls-Tarkanian		Category/ Type		
Name of Federal Candidate: Tarkanian, Danny, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 / 07 / 2016 </div>	
Mailing Address 8 Riverside Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2181.99</div> Transaction ID : E8D92C95F19ED45B3A2C Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
City Roswell	State NM	Zip Code 88201-3951		
Purpose of Expenditure IE-Phone Calls-Trump		Category/ Type		
Name of Federal Candidate: Trump, Donald, J, ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	2341.63
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 207 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>		
Mailing Address 3817 W Dale Ave Unit 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 237.07 </div>		
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E35FBC75EED1A4997AC7		
Purpose of Expenditure IE-Phone Calls-Coffman		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		
Name of Federal Candidate: Coffman, Mike, Rep, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: CO		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 251.17 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>		
Mailing Address 3817 W Dale Ave Unit 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 372.82 </div>		
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E9838E6479A464627BE1		
Purpose of Expenditure IE-Phone Calls-Yoder		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		
Name of Federal Candidate: Yoder, Kevin, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: KS		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 394.87 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 609.89 </div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 609.89 </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, ,		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 208 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>		
Mailing Address 3817 W Dale Ave Unit 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 134.99 </div>		
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : EDD5DF41EEA8E4CDD86 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure IE-Phone Calls-Bergman		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bergman, John, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 190.00 </div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: MI		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc		
Mailing Address 3817 W Dale Ave Unit 1			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>		
City Tampa	State FL	Zip Code 33609-4436	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 190.37 </div>		
Purpose of Expenditure IE-Phone Calls-Taylor		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Transaction ID : EE9E97CF379DF4A07893 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Taylor, Scott, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: VA			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 304.39 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 325.36 </div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 325.36 </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 20 / 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 209 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 3817 W Dale Ave Unit 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">114.83</div>	
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E7622A78A3EA44ED5A10 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Phone Calls-Hardy		Category/Type 	
Name of Federal Candidate: Hardy, Cresent, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: NV	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">114.83</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 3817 W Dale Ave Unit 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">240.19</div>	
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : ECC562100B4664217BDA Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Phone Calls-Poliquin		Category/Type 	
Name of Federal Candidate: Poliquin, Bruce, L, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ME	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">240.19</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">355.02</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date MM / DD / YYYY 12 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 07 / 2016</div> </div>	
Mailing Address 8 Riverside Drive		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 49.16 </div>	
City Roswell	State NM	Zip Code 88201-3951	Transaction ID : E6F3B88D16546424A92C
Purpose of Expenditure IE-Phone Calls-Ayotte		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Ayotte, Kelly, A, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 2906.61 </div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 07 / 2016</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 43.20 </div>	
Mailing Address 3817 W Dale Ave Unit 1		Transaction ID : EA0DDE1372A8140AEA3E	
City Tampa	State FL	Zip Code 33609-4436	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div>
Purpose of Expenditure IE-Phone Calls-Hurd		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Hurd, William, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 440.39 </div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 07 / 2016</div> </div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 92.36 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Cockfield, Wayne, , ,</u>		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 8 Riverside Drive			Amount <input type="text"/>		
City Roswell	State NM	Zip Code 88201-3951	Transaction ID : E4AC7267673A4421D8ED Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure IE-Phone Calls-Mica		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Mica, John, L, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: FL		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 3817 W Dale Ave Unit 1			Amount <input type="text"/>		
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E443DF5FB9FD44431AA1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure IE-Phone Calls-Fitzpatrick		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Fitzpatrick, Brian, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: PA		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text"/>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<input type="text"/>		
(a) TOTAL Independent Expenditures			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 212 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Mailing Address 8 Riverside Drive				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">226.86</div>	
City Roswell		State NM		Zip Code 88201-3951	
Purpose of Expenditure IE-Phone Calls-Rooney				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Rooney, Francis, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">238.88</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Mailing Address 3817 W Dale Ave Unit 1				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">424.83</div>	
City Tampa		State FL		Zip Code 33609-4436	
Purpose of Expenditure IE-Phone Calls-Toomey				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Toomey, Patrick, Joseph, ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">37065.92</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">651.69</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 3817 W Dale Ave Unit 1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Tampa		State FL		Zip Code 33609-4436	
Purpose of Expenditure IE-Phone Calls-Lewis				Transaction ID : E3411D485B0D4432AAF6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Lewis, Jason, Mark, , <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 751.03				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 8 Riverside Drive				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Roswell		State NM		Zip Code 88201-3951	
Purpose of Expenditure IE-Phone Calls-Dunn				Transaction ID : EC80F6B937C1C4FB2846 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Dunn, Neal, Patrick, , MD <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 332.70				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 214 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Dialing Services, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 8 Riverside Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016		
City Roswell	State NM	Zip Code 88201-3951	Amount 237.47		
Purpose of Expenditure IE-Phone Calls-Mast		Category/Type 	Transaction ID : E5FD57A3BE21E4A479AE Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Mast, Brian, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President <input type="checkbox"/> State: FL		
Calendar Year-To-Date Per Election for Office Sought 246.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Dialing Services, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 8 Riverside Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016		
City Roswell	State NM	Zip Code 88201-3951	Amount 15538.06		
Purpose of Expenditure IE-Phone Calls-Trump		Category/Type 	Transaction ID : EC37F9B225AE647D18D4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought 149509.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			15775.53		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tigre-Strategics, Inc			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016		
Mailing Address 3817 W Dale Ave Unit 1			Amount 566.49		
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : EDF23D40049AC4998B2F		
Purpose of Expenditure IE-Phone Calls-Mills		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Mills, Stewart, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: MN <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 613.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Dialing Services, LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016		
Mailing Address 8 Riverside Drive			Amount 347.51		
City Roswell	State NM	Zip Code 88201-3951	Transaction ID : EECC70B2A5EE34E7EA9		
Purpose of Expenditure IE-Phone Calls-Rutherford		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Rutherford, John, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: FL <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 359.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			914.00		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 3817 W Dale Ave Unit 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">784.86</div>		
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E7294991E780B4C95B30 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure IE-Phone Calls-Heck		Category/ Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Heck, Joe, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">7710.67</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <input type="text"/> State: <input type="text"/> NV		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 8 Riverside Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.03</div>		
City Roswell	State NM	Zip Code 88201-3951	Transaction ID : E1D3ED70B5469449BB02 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure IE-Phone Calls-Guinta		Category/ Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Guinta, Frank, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1104.23</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <input type="text"/> State: <input type="text"/> NH		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">802.89</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 3817 W Dale Ave Unit 1				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">453.67</div>	
City Tampa		State FL		Zip Code 33609-4436	
Purpose of Expenditure IE-Phone Calls-Smucker				Category/Type 	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Smucker, Lloyd, K, , <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: <u>16</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">577.57</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 3817 W Dale Ave Unit 1				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">625.31</div>	
City Tampa		State FL		Zip Code 33609-4436	
Purpose of Expenditure IE-Phone Calls-Paulsen				Category/Type 	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Paulsen, Erik, , , <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">666.89</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">1078.98</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 12 20 2016 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 07 / 2016</div> </div>	
Mailing Address 3817 W Dale Ave Unit 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">59.50</div>	
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E35D091BA7CBF4B1DB81 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Phone Calls-Bacon		Category/Type	
Name of Federal Candidate: Bacon, Donald, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: NE	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">193.87</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 07 / 2016</div> </div>	
Mailing Address 3817 W Dale Ave Unit 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2531.22</div>	
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : EB34DFC2E78624956966 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure IE-Phone Calls-Johnson		Category/Type	
Name of Federal Candidate: Johnson, Ronald, Harold, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: WI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4137.36</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2590.72</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Cockfield, Wayne, , ,		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>11 / 07 / 2016</div> </div>	
Mailing Address 3817 W Dale Ave Unit 1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">185.83</div>	
City Tampa		State FL		Zip Code 33609-4436	
Purpose of Expenditure IE-Phone Calls-Tipton				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Tipton, Scott, R, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: CO	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">203.65</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>11 / 07 / 2016</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">460.91</div>	
Mailing Address 3817 W Dale Ave Unit 1				Transaction ID : EF9FB0FB8CF3047B5A4E	
City Tampa		State FL		Zip Code 33609-4436	
Purpose of Expenditure IE-Phone Calls-Tenney				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Tenney, Claudia, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: NY	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">672.28</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">646.74</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> <div>12</div> <div>20</div> <div>2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 220 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on							
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 07 / 2016</div> </div>							
Mailing Address 3817 W Dale Ave Unit 1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">315.26</div>							
City Tampa		State FL		Zip Code 33609-4436							
Purpose of Expenditure IE-Phone Calls-Garrett				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Garrett, Thomas, Alexander, , JR				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: VA							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">629.37</div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 07 / 2016</div> </div>							
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">317.83</div>							
Mailing Address 3817 W Dale Ave Unit 1				Transaction ID : E0A7C0EF4F5C640B6A9F							
City Tampa		State FL		Zip Code 33609-4436							
Purpose of Expenditure IE-Phone Calls-Gallagher				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>							
Name of Federal Candidate: Gallagher, Michael, John, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: WI							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">541.31</div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;"> </div> </div>							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">633.09</div></td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">633.09</div>	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	(a) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">633.09</div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
(a) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div> Signature <u>Cockfield, Wayne, , ,</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">[Electronically Filed]</div> </div> <div> Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 20 / 2016</div> </div> </div> </div>											

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 221 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 3817 W Dale Ave Unit 1			Amount <input type="text"/>		
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : EDB91CDE843FD4827921 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure IE-Phone Calls-Faso		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Faso, John, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 519.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 3817 W Dale Ave Unit 1			Amount <input type="text"/>		
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : EF7ADF0C09C0A41D79FL Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure IE-Phone Calls-Comstock		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Comstock, Barbara, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: VA		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2541.60			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text"/> 804.60		
(a) SUBTOTAL of Unitemized Independent Expenditures			<input type="text"/>		
(a) TOTAL Independent Expenditures			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 222 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tigre-Strategics, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 3817 W Dale Ave Unit 1			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016		
City Tampa	State FL	Zip Code 33609-4436	Amount 113.34		
Purpose of Expenditure IE-Phone Calls-McSally		Category/ Type 	Transaction ID : E2B3FFB7BE04B450C834 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Mcsally, Martha, E, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: AZ <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 126.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tigre-Strategics, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 3817 W Dale Ave Unit 1			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016		
City Tampa	State FL	Zip Code 33609-4436	Amount 33.05		
Purpose of Expenditure IE-Phone Calls-Love		Category/ Type 	Transaction ID : E89045BC6DBF4425BBC8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Love, Mia, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: UT <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 231.73			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			146.39		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 223 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3817 W Dale Ave Unit 1				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">169.44</div>	
City Tampa		State FL		Zip Code 33609-4436	
Purpose of Expenditure IE-Phone Calls-Walberg				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Walberg, Timothy, L, ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI </div> </div>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">218.00</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 8 Riverside Drive				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1645.42</div>	
City Roswell		State NM		Zip Code 88201-3951	
Purpose of Expenditure IE-Phone Calls-Blunt				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Blunt, Roy, , ,				<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO </div> </div>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">15940.59</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1814.86</div> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				12 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 224 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc				Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016							
Mailing Address 3817 W Dale Ave Unit 1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">238.70</div>							
City Tampa		State FL		Zip Code 33609-4436							
Purpose of Expenditure IE-Phone Calls-Blum				Category/Type 							
Name of Federal Candidate: Blum, Rodney, Leland, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA							
Calendar Year-To-Date Per Election for Office Sought 268.28				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016							
Mailing Address 8 Riverside Drive				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4816.91</div>							
City Roswell		State NM		Zip Code 88201-3951							
Purpose of Expenditure IE-Phone Calls-Rubio				Category/Type 							
Name of Federal Candidate: Rubio, Marco, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL							
Calendar Year-To-Date Per Election for Office Sought 10091.47				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">▶ 5055.61</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 5055.61	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 	(a) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 5055.61										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 										
(a) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Cockfield, Wayne, , ,</u>				Date MM / DD / YYYY 12 / 20 / 2016							

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 225 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>	
Mailing Address 3817 W Dale Ave Unit 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 184.16 </div>	
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E094185300D444D2888C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Phone Calls-Zeldin		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Zeldin, Lee, M, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: NY	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 193.78 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tigre-Strategics, Inc		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>	
Mailing Address 3817 W Dale Ave Unit 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 694.08 </div>	
City Tampa	State FL	Zip Code 33609-4436	Transaction ID : E6B6BFBD28A2D4447A51 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Phone Calls-Grassley		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Grassley, Charles, E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: IA State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 835.54 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 878.24 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 878.24 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Cockfield, Wayne, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 226 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>11 / 07 / 2016</div> </div>		
Mailing Address 8 Riverside Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3165.88</div>		
City Roswell	State NM	Zip Code 88201-3951	Transaction ID : E68CFAE9909024B38A2D Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div></div> </div>		
Purpose of Expenditure IE-Phone Calls-Portman		Category/ Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Portman, Rob, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5758.34</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016			District: <input type="text"/> State: OH		

Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>11 / 07 / 2016</div> </div>		
Mailing Address 8 Riverside Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">123.64</div>		
City Roswell	State NM	Zip Code 88201-3951	Transaction ID : E3001939B02554556807 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div></div> </div>		
Purpose of Expenditure IE-Phone Calls-Ros-Lehtinen		Category/ Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Ros-Lehtinen, Ileana, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">123.64</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016			District: 27 State: FL		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3289.52</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

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Date / /

12 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 227 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 11 / 25 / 2016</div> </div>	
Mailing Address 8 Riverside Drive				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1871.49</div>	
City Roswell		State NM		Zip Code 88201-3951	
Purpose of Expenditure IE-Phone Calls-Kennedy				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Kennedy, John, Neely, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1871.49</div>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ General Runoff	
Full Name of Payee <input type="checkbox"/> Memo Item Dialing Services, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 11 / 25 / 2016</div> </div>	
Mailing Address 8 Riverside Drive				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">161.39</div>	
City Roswell		State NM		Zip Code 88201-3951	
Purpose of Expenditure IE-Phone Calls-Johnson				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Johnson, James, Michael, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">161.39</div>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ General Runoff	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 2032.88 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cockfield, Wayne, , ,</u>				Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 228 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Dialing Services, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>	
Mailing Address 8 Riverside Drive				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9203.07</div>	
City Roswell		State NM		Zip Code 88201-3951	
Purpose of Expenditure IE-Phone Calls-Trump				Category/Type	
Name of Federal Candidate: Trump, Donald, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">123560.71</div>	
Name of Federal Candidate: Burr, Richard, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">1743.66</div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Dialing Services, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>	
Mailing Address 8 Riverside Drive				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3753.86</div>	
City Roswell		State NM		Zip Code 88201-3951	
Purpose of Expenditure IE-Phone Calls-Burr				Category/Type	
Name of Federal Candidate: Burr, Richard, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">1743.66</div>	
Name of Federal Candidate: Burr, Richard, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">1743.66</div>	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Cockfield, Wayne, , ,				Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 229 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> </div>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Majority Strategies		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>11</div> <div>04</div> <div>2016</div> </div>	
Mailing Address 12854 Kenan Drive Ste 145		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>2</div><div>8</div><div>5</div><div>7</div><div>2</div><div>0</div><div>0</div></div> <div>00</div> </div> </div>	
City Jacksonville	State FL	Zip Code 32258-7435	Transaction ID : EF3296F8EEF4C4349BD5
Purpose of Expenditure IE-Advertising-Blunt		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div> </div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div>
Name of Federal Candidate: Blunt, Roy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>1</div><div>4</div><div>2</div><div>9</div><div>5</div><div>1</div><div>7</div></div> <div>00</div> </div> </div>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Majority Strategies		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>11</div> <div>04</div> <div>2016</div> </div>	
Mailing Address 12854 Kenan Drive Ste 145		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>1</div><div>0</div><div>7</div><div>1</div><div>4</div><div>0</div><div>0</div></div> <div>00</div> </div> </div>	
City Jacksonville	State FL	Zip Code 32258-7435	Transaction ID : EA0CD9879452E4B3E974
Purpose of Expenditure IE-Advertising-Clinton		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div> </div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div>
Name of Federal Candidate: Clinton, Hillary, Rodham, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>1</div><div>2</div><div>3</div><div>5</div><div>6</div><div>0</div><div>7</div></div> <div>1</div> </div> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div> <div>00</div> </div> </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div></div> </div> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div></div> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

Signature

[Electronically Filed]

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2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 230 OF 230
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Majority Strategies		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>	
Mailing Address 12854 Kenan Drive Ste 145		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10714.00</div>	
City Jacksonville	State FL	Zip Code 32258-7435	Transaction ID : E791272B1E6E947AC930
Purpose of Expenditure IE-Advertising-Kander		Category/Type	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>
Name of Federal Candidate: Kander, Jason, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">14295.17</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">14295.17</div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Dialing Services, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>	
Mailing Address 8 Riverside Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5449.23</div>	
City Roswell	State NM	Zip Code 88201-3951	Transaction ID : EF2E1101651D247CCB18
Purpose of Expenditure IE-Phone Calls-Toomey		Category/Type	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>
Name of Federal Candidate: Toomey, Patrick, Joseph, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">36641.09</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">36641.09</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">226465.84</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Cockfield, Wayne, , ,</u>		Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 20 / 2016</div> </div>	

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